



**CITY OF NEWPORT  
DEPARTMENT OF FINANCE & ADMINISTRATION  
LICENSE DIVISION  
(859) 292-3660**

**APPLICATION FOR RENTAL DWELLING LICENSE  
ALL FEES ARE PAYABLE AT THE TIME OF APPLICATION**

**APPLICATION INFORMATION**

NAME OF APPLICANT \_\_\_\_\_

TRADE NAME OR DBA \_\_\_\_\_

**MAILING ADDRESS (IF ANY UNITS IN THE BUILDING(S) ARE OCCUPIED BY OWNER, PLEASE LIST ON BACK OF FORM)**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CHECK TYPE OF OWNERSHIP**       SOLE OWNER       CORPORATION       PARTNERSHIP

**CORPORATE INFORMATION**

If owner is a corporation, please list corporate name exactly as it appears on your state and federal tax return.

Corporate Name \_\_\_\_\_ Date and State of Incorporation \_\_\_\_\_

**OWNER(S) OF BUSINESS**

If an individual, provide full name, residence address and telephone number.

If a partnership, provide name, residence address and telephone number of each partner.

If a corporation, provide name, address and telephone number of the chief operating officer.

NAME/ADDRESS	TITLE	TELE. NO.

**IF CORPORATION, NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS**

NAME	ADDRESS

P.O. BOX OR COMMERCIAL MAILING ADDRESSES ARE **NOT** ACCEPTABLE

**MANAGEMENT OF THE PREMISES**

List duly authorized representative who is responsible for operating and managing the property in the City: IF OWNER, WRITE SAME

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Residence Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Signed  \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Notary Public State of \_\_\_\_\_

My commission expires \_\_\_\_\_

**PROPERTY INFORMATION**

**THE ANNUAL FEE FOR THE RENTAL OF PROPERTY IS \$40.00 PER UNIT TO A MAXIMUM OF \$10,000.00**

Each initial written application shall be accompanied by a non-refundable Forty (\$40.00) Dollar application processing fee. If the application is approved, the application fee will be used as part of the regular license fees due. If the application is denied or voluntarily withdrawn, the license fee will be retained by the City of Newport.

For property purchased after July 1 this fee is prorated as follows: 7/1 - 12/31 = \$40.00 per unit  
1/1 - 6/30 = \$20.00 per unit

A penalty of 50% shall be added if payment is made more than 15 days past the due date and the prorated fee shall **NOT** apply if the payment is made more than 15 days past the due date.

Please list all the property addresses and the numbers and types of units in the spaces provided. List each unit within separately.

PROPERTY ADDRESS	DATE OF PURCHASE	FLOOR NO.	UNIT NO. OR LETTER

TOTAL UNITS \_\_\_\_\_ (\$40.00 PER UNIT TO A MAXIMUM OF \$10,000.00)

TOTAL FEES DUE \_\_\_\_\_

<p><b>CITY OF NEWPORT</b>                  MAKE PAYABLE TO: DEPT. OF FINANCE                  RENTAL DIVISION                  RETURN TO: P.O. BOX 1090                  NEWPORT, KY 41071-0090</p>
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I hereby certify that all the information and statements herein are true and correct. Further, I understand that acceptance of this form by the Finance Department does not constitute approval.

Signed  \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Officer, Partner, Member, Agent, etc.)

**PROPERTY APPROVAL**

All property locations must be inspected and approved by the following City Departments. No license can be issued until the properties have all the necessary approvals

- \_\_\_\_\_ DATE \_\_\_\_\_  
Zoning Administrator (859) 292-3666
- \_\_\_\_\_ DATE \_\_\_\_\_  
Building Inspector (859) 292-3637
- \_\_\_\_\_ DATE \_\_\_\_\_  
Fire Inspector (859) 292-3615

**ISSUANCE OF THE LICENSE IS:**

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Approved Conditionally (Conditions attached)
- \_\_\_\_\_ Denied

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
License Inspector

Any license issued under this application will expire on June 30 of any year. Forms for the renewal of the license should be filed by April 15 of any year.

In the event that any of the information required in this application should change, the applicant shall within fourteen (14) days notify the Chief Financial Officer or his/her designee in writing.

Any person who allows any rental dwelling to be occupied or rented to another without filing the necessary application form to obtain a license may be subject to civil or criminal penalties or both.



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**DEPARTMENT OF FINANCE & ADMINISTRATION**  
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 (859) 292-3660  
[www.newportky.gov](http://www.newportky.gov)

**RENEWAL OF OCCUPATIONAL LICENSE  
 FOR COMMERCIAL RENTAL PROPERTY**

LICENSE PERIOD JULY 1<sup>ST</sup> THROUGH JUNE 30<sup>TH</sup>

CN-18

I hereby certify that the information and statements contained herein and any schedules and exhibits attached are true and correct.

Signed **X** \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Owner, Officer, Partner, Member, Agent, etc.)

License Period Ending **6 / 30 / 2023**

Due On or Before **4 / 15 / 2022 \***

FEDERAL EMPLOYER I.D. \_\_\_\_\_

**DUE DATES**  
**BUSINESSES ON A CALENDAR YEAR - APRIL 15TH\***  
**BUSINESSES ON A FISCAL YEAR - 105 DAYS AFTER THE END OF THE FISCAL YEAR**

**PLEASE INDICATE YOUR FISCAL YEAR END IF NOT 12/31 IN THE SPACE PROVIDED \_\_\_\_\_**

Enter you Federal Identification Numbers on the appropriate line below. If you do not have these numbers, please enter your Social Security Number.

If your accounting period is based on a calendar year, use the receipts information as of December 31 of the proceeding calendar year.

If your accounting period is based on a fiscal year other than a calendar year, use gross receipts as of the most recently completed fiscal year.

**Section I**

- |  |          |
|--|----------|
| 1. Total Gross Receipts for the Previous Year: (2021)  | \$ _____ |
| 2. Multiply Line 1 by .0035 (Enter amount here):<br>If the amount on Line 2 is greater than \$75, this is the amount you pay.<br>If the amount on Line 2 is \$75 or less, you pay the \$75 minimum<br><b>The maximum fee due for the license period is \$28,000.00</b> | \$ _____ |
| 3. Actual Amount Due (if paid by due date):  | \$ _____ |
| 4. Minimum Penalty is \$25 or 5% of Line 3 per month or fraction thereof:<br>past the due date up to 25% whichever is greater  | \$ _____ |
| 5. Interest is 1% of Line 3 per month or fraction thereof:   | \$ _____ |
| 6. PRE-PAYMENT of Estimated Fee Due to Extension Request** :   | \$ _____ |
| 7. Total Remittance or Credit Carryover until Next Year:   | \$ _____ |

**CHECK THE BOX IF AN  
 ESTIMATED PAYMENT  
 IS ENCLOSED  \*\***

**EXTENSION REQUESTS ARE REQUIRED TO BE ACCOMPANIED BY AN ESTIMATED PAYMENT EQUAL TO THE PREVIOUS YEAR'S FEE PAID OR AN ESTIMATED PAYMENT BASED ON 85% OR MORE OF THE PROJECTED FEE DUE.**

**Section II**

To properly complete this section, list the addresses of all commercial rental property in the City of Newport.

- |          |          |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

Make payable to: City of Newport \* Dept. of Finance \* P.O Box 1090, Newport, KY 41071