



**CITY OF NEWPORT**  
**DEPARTMENT OF FINANCE & ADMINISTRATION**  
**LICENSE DIVISION**

[www.newportky.gov](http://www.newportky.gov)

[LicenseQuestions@newportky.gov](mailto:LicenseQuestions@newportky.gov)

**RENEWAL OF OCCUPATIONAL LICENSE** CN-18  
**FOR COMMERCIAL RENTAL PROPERTY**  
**LICENSE PERIOD JULY 1<sup>ST</sup> THROUGH JUNE 30<sup>TH</sup>**

**NAME &**  
**ADDRESS**  
**OF**  
**BUSINESS**  
**EMAIL**

**NOTIFY DEPT. OF FINANCE & ADMINISTRATION OF ANY CHANGE IN NAME AND ADDRESS SHOWN ABOVE**

**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 & Kentucky taxpayer Identification Numbers on the appropriate line below. If you do not have these numbers, please enter your Social Security Number. Failure to properly list these identification numbers will result in a delay in the processing of your return.

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

**KENTUCKY EMPLOYER I.D.** \_\_\_\_\_

**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  | \$ _____  |
| 2. Multiply Line 1 by .0035 (Enter amount here)  | \$ _____  |
| If the amount on Line 2 is greater than \$75, this is the amount you pay.  |   |
| If the amount on Line 2 is \$75 or less, you pay the \$75 minimum  |   |
|  | <b>CHECK THE BOX IF AN<br/>ESTIMATED PAYMENT<br/>IS ENCLOSED</b> <input type="checkbox"/> |
| 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. Total Remittance  | \$ _____  |

**EXTENSION REQUESTS ARE REQUIRED TO BE ACCOMPANIED BY AN ESTIMATED PAYMENT OR A MINIMUM OF \$75**

**Section II**

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

_____	_____
_____	_____
_____	_____

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 \_\_\_\_\_

Due On or Before \_\_\_\_\_

**CITY OF NEWPORT**

MAKE PAYABLE TO: DEPT. OF FINANCE  
 LICENSE DIVISION

RETURN TO: P.O. BOX 1090  
 NEWPORT, KY 41071-0090