



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

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

CN-25

**APPLICATION INFORMATION**

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

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 THE OWNER IS A CORPORATION, PLEASE LIST THE 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 COPORATION, PROVIDE NAME, ADDRESS AND TELEPHONE NUMBER OF THE CHIEF OPERATING OFFICER.

NAME AND ADDRESS	TITLE	PHONE NUMBER

**IF A CORPORATION, NAME AND ADDRESS OF AGENT FOR SERVICE.**

NAME AND ADDRESS

**MANAGEMENT OF THE PREMISES**

(OCCUPATIONAL LICENSING-CN2 IS REQUIRED IF NOT PERFORMED BY OWNER)

FORMS CAN BE DOWNLOADED AT [WWW.NEWPORTKY.GOV](http://WWW.NEWPORTKY.GOV)

LIST DULY AUTHORIZED REPRESENTATIVE WHO IS RESPONSIBLE FOR OPERATING MANAGING THE PROPERTY IN THE CITY.

IF THIS DUTY IS PERFORMED BY OWNER, CHECK THE BOX:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ EMAIL \_\_\_\_\_

RESIDENCE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMERGENCY \_\_\_\_\_

SIGNED X \_\_\_\_\_

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNED X \_\_\_\_\_ NOTARY PUBLIC STATE OF \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**R L** \_\_\_\_\_ ~ \_\_\_\_\_

**PROPERTY INFORMATION AND FEES**

1) **THE APPLICATION FEE PER BUILDING IS \$45.00.**

NOTE: THE FEE IS NON-REFUNDABLE IF THE APPLICATION IS DENIED OR VOLUNTARILY WITHDRAWN.

2) **THE ANNUAL FEE FOR EACH RENTAL DWELLING UNIT WITHIN THE BUILDING IS \$35.00.**

NOTE: PROPERTY PURCHASED AFTER JANUARY 1, THE FEE IS PRORATED AS FOLLOWS:

1/1 - 6/30 = \$35.00 PER UNIT

7/1 - 12/31 = \$17.50 PER UNIT

3) **THE PENALTY FOR LATE RENTAL DWELLING LICENSE FILINGS IS \$20.00 PER UNIT.**

NOTE: ANNUAL RENEWALS ARE DUE BY 10/15 OF EVERY YEAR. PENALTY IS ACCESSED IF PAID MORE THAN 15 DAYS PAST THE DUE DATE.

**PLEASE LIST THE PROPERTY ADDRESS, DATE OF PURCHASE, NUMBER OF FLOORS AND NUMBER OF UNITS.**

PROPERTY ADDRESS	DATE OF PURCHASE	NO. OF FLOORS	NO. OF UNITS

**ORDINANCE 99.21: NO RENTAL DWELLING UNIT SHALL BE RENTED/LEASED/LET FOR OCCUPANCY FOR ANY PERIOD OF TIME LESS THAN THIRTY (30) CONSECUTIVE CALENDAR DAYS.**

1) APPLICATION FEE	<u>\$45</u>
2) TOTAL UNITS (\$35.00 PER UNIT)	\$ _____
3) PENALTY (\$20.00 PER UNIT IF LATE)	\$ _____
4) TOTAL FEES DUE (NOT EXCEED \$5000)	\$ _____

**PAYROLL WITHHOLDING FEE**

WILL YOU HAVE EMPLOYEES WORKING IN NEWPORT?  YES  NO

THE CITY OF NEWPORT HAS A WITHHOLDING FEE OF 2.5% ON GROSS WAGES PAID TO EMPLOYEES WHO ARE WORKING IN THE CITY OF NEWPORT. IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO WITHHOLD THESE FEES AND SUBMIT TO THE CITY ON A QUARTERLY BASIS. FORM CN-1 WILL BE PROVIDED. IF YOUR BUSINESS IS USING A 3RD PARTY PAYROLL PROVIDER . ENTER BELOW:

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CONTRACTOR(S)**

IF YOU USE A GENERAL CONTRACTOR OR SUB-CONTRACTOR TO PERFORM ANY WORK ON YOUR RENTAL DWELLING PROPERTY, IT IS REQUIRED BY THE CITY OF NEWPORT ORDINANCE §37.069 THAT EACH COMPANY HAS A CITY OF NEWPORT OCCUPATIONAL LICENSE. THE INITIAL APPLICATION (CN2) CAN BE FOUND ON THE CITY OF NEWPORT'S WEBSITE: [WWW.NEWPORTKY.GOV](http://WWW.NEWPORTKY.GOV)

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 X \_\_\_\_\_ OFFICIAL TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(OWNER, OFFICER, PARTNER, MEMBER, AGENT, ETC.)

ANY LICENSE ISSUED UNDER THIS APPLICATION WILL EXPIRE ON JUNE 30TH OF ANY YEAR. FORMS FOR THE RENEWAL OF THE LICENSE SHOULD BE FILED BY APRIL 15TH OF ANY YEAR.

FORMS CAN BE DOWNLOADED AT [WWW.NEWPORTKY.GOV](http://WWW.NEWPORTKY.GOV) AND QUESTIONS CAN BE SENT TO [LICENSEQUESTIONS@NEWPORTKY.GOV](mailto:LICENSEQUESTIONS@NEWPORTKY.GOV)

IN THE EVENT THAT ANY OF THE INFORMATION REQUIRED IN THIS APPLICATION SHOULD CHANGE, THE APPLICANT WILL HAVE 14 DAYS TO 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.

**R L** \_\_\_\_\_ ~ \_\_\_\_\_

FOR OFFICE USE ONLY

**LICENSE APPROVAL**

ALL PROPERTY LOCATIONS MUST BE APPROVED BY THE FOLLOWING CITY DEPTS. NO LICENSE CAN BE ISSUED UNTIL THE PROPERTY HAS ALL THE NECESSARY APPROVALS.

X \_\_\_\_\_ / / Approved  Denied   
Zoning Administrator Date

Comments: \_\_\_\_\_

X \_\_\_\_\_ / / Approved  Denied   
Building Inspector Date

Comments: \_\_\_\_\_

X \_\_\_\_\_ / / Approved  Denied   
Fire Inspector (If applicable) Date

Comments: \_\_\_\_\_

**ISSUANCE OF THE LICENSE IS:**

X \_\_\_\_\_ / / Approved  Denied   
License Inspector Date  
Approved Conditionally

Comments: \_\_\_\_\_

**HISTORY**

MUNI: NP PIDN: 999 ~99 ~

RL \_\_\_\_\_ Address \_\_\_\_\_

1) License History: Number of units \_\_\_\_\_ Year of last approval \_\_\_\_\_ Rental Fee(s) owed \$ \_\_\_\_\_

Comments: \_\_\_\_\_

2) Property Taxes: Balanced owed \$ \_\_\_\_\_ Agreement on file \_\_\_\_\_

Number of refuse \_\_\_\_\_

Comments: \_\_\_\_\_

3) Property Liens: Balanced owed: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

4) Property condemnation: Date of action taken \_\_\_\_\_ Reinstatement fee(s) owed \$ \_\_\_\_\_

Comments: \_\_\_\_\_