



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

**APPLICATION FOR OCCUPATIONAL LICENSE  
COMMERCIAL RENTAL PROPERTY**

**CN-2C**

**1 APPLICATION INFORMATION:**

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

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

MAILING ADDRESS:

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

TELEPHONE \_\_\_\_\_

**2 CHECK TYPE OF OWNERSHIP:**       SOLE OWNER       CORPORATION       PARTNERSHIP       LLC

**3 CORPORATE INFORMATION:**

If vendor 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 \_\_\_\_\_

**4 ACCOUNTING PERIOD:**       CALENDAR OR  FISCAL YEAR      [M/D] (\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_)

**5 OWNER(S) OF BUSINESS:**

If an individual, provide full name, residence address, telephone number, date of birth and social security number.

If a partnership, provide name, residence address, telephone number, date of birth and social security number of each partner.

If a corporation, provide name, address, telephone number and social security number of the president, vice-president, secretary and treasurer.

NAME/ADDRESS	TITLE	PHONE	D.O.B.	S.S.#

**6 IDENTIFICATION NUMBERS:**

Enter any or all identification numbers which apply to your company:

FEDERAL EMPLOYERS I.D. NUMBER (number used to file federal income tax) \_\_\_\_\_

KENTUCKY ACCOUNT NUMBER (number used to file KY income tax) \_\_\_\_\_

SOCIAL SECURITY NUMBER (sole-proprietor only) \_\_\_\_\_

**7 MANAGEMENT OF PROPERTY:**

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

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

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

RESIDENCE ADDRESS \_\_\_\_\_

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

SIGNED  \_\_\_\_\_

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

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

**8 PAYROLL WITHHOLDING FEE:**

Will you have employees in the City of Newport?  Yes  No If yes, give the estimated number \_\_\_\_\_

The City of Newport also has a withholding fee of 2.5 % of the gross wages paid to employees while they are working within the city limits. It is the responsibility of the business owner to withhold these fees and submit them to the City on a quarterly basis. CN-1 forms will be provided by mail or can be downloaded at [www.newportky.gov/e-government/forms/employer-individual-quarterly-return-of-license-fee-cn-1](http://www.newportky.gov/e-government/forms/employer-individual-quarterly-return-of-license-fee-cn-1)

If your company is using a 3rd party payroll provider, enter here: \_\_\_\_\_

**9 PROPERTY TO BE LICENSED FOR COMMERCIAL RENTAL:**

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

**10 SUB-CONTRACTORS**

Will you be employing Sub-Contractors or Independent Contractors?  YES  NO

If you checked YES to the box above, Finance Department regulations require that you submit the names, mailing addresses and a contact person for each individual sub-contractor or entity. This applies to 1099 employees in any situation. No license can be issued to you until all sub-contractors are accounted for.

Use form CN-5 for this information which can be provided by request or downloaded at:

[www.newportky.gov/e-government/forms/general-contractors-list-of-intended-sub-contractors-cn-5](http://www.newportky.gov/e-government/forms/general-contractors-list-of-intended-sub-contractors-cn-5)

MAKE PAYABLE: CITY OF NEWPORT \* DEPT. OF FINANCE \* P.O. BOX 1090, NEWPORT, KY 41071-0900

**11 I hereby certify that all the information and statements are 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.)

**FOR OFFICE USE ONLY**

**ISSUANCE OF THE LICENSE IS:**

x \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  APPROVED  DENIED  
License Inspector Date

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



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

MAILING ADDRESS:

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

LOCATION OF COMMERCIAL RENTAL PROPERTY: \_\_\_\_\_

TELEPHONE \_\_\_\_\_

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**4 ACCOUNTING PERIOD:**       Calendar or       Fiscal Year      [M/D]      (\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_)

Please provide your fiscal year end date if not 12/31 in the space provided \_\_\_\_\_

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

RESIDENCE ADDRESS \_\_\_\_\_

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

SIGNED    X \_\_\_\_\_

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

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

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

O L \_\_\_\_\_ ~ \_\_\_\_\_

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FOR OFFICE USE ONLY

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**13 NEWPORT BUSINESS LOCATION APPROVAL**

For businesses located in the City of Newport, the location must be inspected and approved by the following City departments. No license can be issued until the location has been approved.

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

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

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

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

x \_\_\_\_\_ / / Approved  Denied   
Fire Inspector Date

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

**ISSUANCE OF THE LICENSE IS:**

x \_\_\_\_\_ / / Approved  Denied   
License Inspector Date

Approved Conditionally

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

V-2C

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U.S.#

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