



**CITY OF BELLEVUE**  
**RENTAL LICENSE AND SAFETY**  
**INSPECTION APPLICATION**  
**616 POPLAR STREET**  
**BELLEVUE, KENTUCKY 41073**  
**PHONE: 859-431-8888 FAX: 859-261-8387**

- 1. Owner's name: \_\_\_\_\_
- 2. Rental Property Address: \_\_\_\_\_
- 3. Owner's mailing address: (if different from above)  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
- 5. E-mail Address: \_\_\_\_\_

6. CHECK ONE ONLY AND COMPLETE:

—Sole Proprietor: SS #: _____ Date of Birth: ____/____/____	—PARTNERSHIP _____ Partner's Names _____ And addresses _____
—Corporation: (Date Organized) ____/____/____ State _____ Process Agent Name _____ Address _____ City, State, Zip _____ Officers' Names _____ And Addresses _____	—NON PROFIT (attach IRS Determination of Status) —OTHER: _____ please describe _____

FEDERAL TAX IDENTIFICATION NUMBER \_\_\_\_\_

*\*A separate application must be completed for each piece of rental property owned within  
The City of Bellevue.*

- 7. List a duly authorized representative of the business who is responsible for operating and managing the business in the City: *(if different than owner)*  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Residence: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_
- 8. Are hazardous materials, guard dogs, pets or other animals at the premises? If so specify. Give any other information about the premises that would be necessary to emergency personnel responding to a call there: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Number of Units in Building: \_\_\_\_\_

10. Number of off-street parking spaces provided on property: \_\_\_\_\_

11. Type of waste collection: Dumpster \_\_\_\_\_ Waste wheelers \_\_\_\_\_ Waste cans \_\_\_\_\_  
Other (explain): \_\_\_\_\_

*WARNING: Statements made in this application are subject to verification and false or intentionally misleading statements may be cause for denial of the license applied for, or if a license is granted, revocation thereof upon discovery.*

UNDER PROVISION OF ORDINANCE EACH PERSON  
SUBJECT TO THE PAYMENT OF A RENTAL  
PROPERTY BUSINESS LICENSE TAX SHALL SUPPLY  
THE NAME, ADDRESS, AND PHONE NUMBER OF THE  
INSURANCE PROVIDER OF THE PROPERTY FOR  
WHICH SUCH LICENSE IS REQUESTED.

\_\_\_\_\_  
INSURANCE PROVIDER

\_\_\_\_\_  
POLICY # \_\_\_\_\_ EXP. DATE

\_\_\_\_\_  
ADDRESS, CITY, STATE & ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

UNDER PROVISION OF ORDINANCE, THE BUILDING INSPECTOR OR ANY OFFICER OR EMPLOYEE OF THE CITY MAY ENTER AND INSPECT THIS BUILDING. **THE CITY MAY REVOKE THE RENTAL LICENSE FOR FAILURE TO ALLOW INSPECTION.** I HEREBY CERTIFY THAT I AM DULY AUTHORIZED TO ACT FOR THE APPLICANT AND THAT THE STATEMENTS CONTAINED ON THIS APPLICATION ARE TRUE AND COMPLETE.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

For information about our Rental Conversion Grant or Off Street Parking Grant visit our website  
<http://www.bellevueky.org/programs.htm>

\_\_\_\_\_  
[OFFICE USE ONLY]

Issuance of a license is:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Approved conditionally (conditions attached)  
\_\_\_\_\_ Denied (notification to applicant attached)

Dated this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

City Clerk: \_\_\_\_\_ Zoning Admin. Approval: \_\_\_\_\_

Fire Department Approval \_\_\_\_\_ Date of Last Fire Inspection: \_\_\_\_\_