

CITY OF BELLEVUE

SHORT TERM RENTAL APPLICATION

(MUST COMPLETE ANNUALLY)

616 POPLAR STREET

BELLEVUE, KENTUCKY 41073

PHONE: 859-431-8888

FAX: 859-261-8387



- 1. Owner's Name: _____
- 2. Rental Property Addresses: _____

- 3. Owner's mailing address: *(if different from above)*

- 4. Home #: _____ Cell #: _____ Work #: _____
- 5. E-mail Address: _____

6. **CHECK ONE ONLY AND COMPLETE:**

<input type="checkbox"/> Sole Proprietor: Last 4 digits of SS #: _____	<input type="checkbox"/> Partnership:
<input type="checkbox"/> Corporation: (Date Organized) ___/___/___ State ___	Partner's
Process Agent Name: _____	Names: _____
Address: _____	Addresses _____
City: _____ State: ___ Zip: _____	_____
FEDERAL TAX ID #: _____ - _____	<input type="checkbox"/> Non Profit <i>(attach IRS determination of status)</i>

- 7. List a local 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: _____ City: _____ State ___ Zip: _____
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 here: _____

9. Number of Units in Buildings: _____ (each should be uniquely numbered) please provide a diagram showing the location of each sleeping rooms in the dwelling and which ones are to be rented.

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

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.

11. Under provisions of this ordinance each person is subject to the payment of a rental property business license and shall supply the name, address, and phone number of the insurance provider of the property for which such license is requested:

Insurance Provider: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

PROVISIONS:

- ◆ Owner must sign affidavit verifying that they reside 183 days a year at the residence.
- ◆ The owner certifies that he/she has posted the City's noise Ordinance # 94.01 in a conspicuous place.
- ◆ The owner must provide proper waste containers per Ordinance # 52.05.
- ◆ Smoke detectors are required outside of each bedroom, bathroom and cooking area per IPMC 404.4.1—404.4.5, 704.

I AM DULY AUTHORIZED TO ACT FOR THE APPLICANT AND THAT THE STATEMENTS CONTAINED ON THIS APPLICATION ARE TRUE AND COMPLETE.

Signature: _____ Title: _____ Date: _____

[OFFICE USE ONLY]

Issuance of a license is:

- ___ Approved
- ___ Approved conditionally (*conditions attached*)
- ___ Denied (*notification to applicant attached*)

Date this day _____ of _____, 20__

Code Enforcement Officer: _____

Zoning Administrator: _____

Fire Department: _____

Date of last fire inspection: _____