



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

CN-17

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

LICENSE PERIOD ENDING \_\_\_\_\_

DUE ON OR BEFORE \_\_\_\_\_

**RENEWAL OF RENTAL DWELLING LICENSE**  
**LICENSE PERIOD JULY 1<sup>ST</sup> THROUGH JUNE 30<sup>TH</sup>**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_

IMPORTANT: PAYMENT MUST BE MADE ON OR BEFORE APRIL 15.  
 LICENSE FEE WILL INCREASE PER UNIT BY \$20 IF PAYMENT IS MADE MORE THAN 15 DAYS PAST THE DUE DATE.

SECTION I - DWELLING UNITS (ADDITIONAL FORMS CAN BE DOWNLOADED AT [WWW.NEWPORTKY.GOV/E-GOVERNMENT/FORMS](http://WWW.NEWPORTKY.GOV/E-GOVERNMENT/FORMS))  
 LIST ONLY ONE PROPERTY ADDRESS AND EACH RENTAL DWELLING UNIT WITHIN IT .  
 A SEPARATE FORM MUST BE COMPLETED FOR EACH INDIVIDUAL PROPERTY.

PROPERTY ADDRESS \_\_\_\_\_

NO. OF FLOORS \_\_\_\_\_

NO. OF UNITS \_\_\_\_\_

(NUMBER AND STREET NAME)

(I.E. 1, 2, 3, 4)

1  2  3  4  \_\_\_\_\_  
 (SELECT ONE OR WRITE IN SPACE PROVIDED)

SECTION II - FEES

- 1. \$45 APPLICATION FEE PER BUILDING (RENTAL DWELLING) \$ 45.00
- 2. \$35 RENTAL FEE PER RENTAL DWELLING UNIT \$ \_\_\_\_\_
- 3. ADD PENALTY OF \$20 IF PAYMENT IS MADE MORE THAN 15 DAYS PAST THE DUE DATE FOR EACH RENTAL DWELLING UNIT LISTED ABOVE \$ \_\_\_\_\_
- 4. TOTAL REMITTANCE..... \$ \_\_\_\_\_

SECTION III - MANAGEMENT OF THE PREMISES

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 X \_\_\_\_\_

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

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

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

IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE CALL 859.292.3660 OR EMAIL: [LICENSEQUESTIONS@NEWPORTKY.GOV](mailto:LICENSEQUESTIONS@NEWPORTKY.GOV)

SECTION IV - LICENSE APPROVAL

ISSUANCE OF THE LICENSE IS: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED LICENSE PERIOD OF 7/1/20 \_\_\_\_\_ THRU 6/30/20 \_\_\_\_\_

DATE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_  
 \_\_\_\_\_  
 LICENSE ADMINISTRATOR

COMMENTS: \_\_\_\_\_ rev. 3/12mailer