



CITY OF NEWPORT
DEPARTMENT OF FINANCE & ADMINISTRATION
LICENSE DIVISION
 (859) 292-3660
www.newportky.gov

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

SIGNED **X** _____
 TITLE _____ DATE _____

**REINSTATEMENT
 OF RENTAL DWELLING LICENSE**

LICENSE PERIOD **JAN. 1 THRU DEC. 31**

NAME _____
 ADDRESS _____



C N 1 7 R

SECTION I - DWELLING UNITS

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)	

SECTION II - FEES

* **\$500.00** FEE FOR EACH RENTAL DWELLING UNIT
 IF CONDEMNED _____ \$ _____

* **TOTAL REMITTANCE** \$ _____

SECTION III - MANAGEMENT OF THE PREMISES

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

NAME _____ TITLE _____ EMAIL _____
 RESIDENCE ADDRESS _____
 TELEPHONE _____ EMERGENCY _____

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

IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE EMAIL LICENSEQUESTIONS@NEWPORTKY.GOV

SECTION IV - LICENSE APPROVAL

 LICENSE ADMINISTRATOR

COMMENTS: _____

rev. 4/18 mailer