



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

**REINSTATEMENT OF RENTAL DWELLING LICENSE
ALL FEES ARE PAYABLE AT THE TIME OF APPLICATION**

CN-25B

APPLICATION INFORMATION

NAME OF APPLICANT _____

TRADE NAME OR DBA _____

MAILING ADDRESS

STREET _____ CITY _____ STATE _____ ZIP _____

CHECK TYPE OF OWNERSHIP SOLE OWNER CORPORATION PARTNERSHIP

CORPORATE INFORMATION

If owner 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 _____

OWNER(S) OF BUSINESS

If an individual, provide full name, residence address and telephone number.

If a partnership, provide name, residence address and telephone number of each partner.

If a corporation, provide name, address and telephone number of the chief operating officer.

NAME/ADDRESS	TITLE	TELE. NO.

IF CORPORATION, NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS

NAME	ADDRESS

P.O. BOX OR COMMERCIAL MAILING ADDRESSES ARE NOT ACCEPTABLE

MANAGEMENT OF THE PREMISES

List duly authorized representative who is responsible for operating and managing the property in the City: IF OWNER, WRITE SAME

Name _____ Title _____ Email _____

Residence Address _____

Telephone # _____ Emergency # _____

Signed _____

Sworn and subscribed to me this _____ day of _____ 20____

_____ Notary Public State of _____

My commission expires _____

PROPERTY INFORMATION

THE REINSTATEMENT FEE FOR A RENTAL DWELLING LICENSE IS \$500.00 PER UNIT

Each initial written application shall be accompanied by a Release Of Condemnation letter from the Code Enforcement Division.

REGULAR RENTAL AND RENEWAL FEES

For property purchased after July 1 this fee is prorated as follows: $7/1 \cdot 12/31 = \$40.00$ per unit
 $1/1 \cdot 6/30 = \$20.00$ per unit

A penalty of 50% shall be added if payment is made more than 15 days past the due date and the prorated fee shall NOT apply if the payment is made more than 15 days past the due date.

Please list all the property addresses and the numbers and types of units in the spaces provided. List each unit within separately.

PROPERTY ADDRESS	DATE OF PURCHASE	FLOOR NO.	UNIT NO. OR LETTER

TOTAL UNITS _____ (\$500.00 PER UNIT FOR REINSTATEMENT) Per Chapter 99 (Newport Code Of Ordinances)

TOTAL FEES DUE _____

CITY OF NEWPORT MAKE PAYABLE TO: DEPT. OF FINANCE RENTAL DIVISION RETURN TO: P.O. BOX 1090 NEWPORT, KY 41071-0090

I hereby certify that all the information and statements herein are true and correct. Further, I understand that acceptance of this form by the Finance Department does not constitute approval.

Signed _____

Official Title _____ Date _____
 (Owner, Officer, Partner, Member, Agent, etc.)

PROPERTY APPROVAL

All property locations must be inspected and approved by the following City Departments if applicable. No license can be issued until the properties have all the necessary approvals.

- _____ DATE _____
 Zoning Administrator (859) 292-3637
- _____ DATE _____
 Building Inspector (859) 292-3637
- _____ DATE _____
 Fire Inspector (859) 292-3615

ISSUANCE OF THE LICENSE IS:

- Approved
- Approved Conditionally (Conditions attached)
- Denied

Date this _____ day of _____ 20 _____

 License Inspector

In the event that any of the information required in this application should change, the applicant shall within fourteen (14) days notify the Chief Financial Officer or his/her designee in writing.

Any person who allows any rental dwelling to be occupied or rented to another without filing the necessary application form to obtain a license may be subject to civil or criminal penalties or both.