CITY OF NEWPORT

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

CN-17

I hereby certify that the information and statements contained herein and any schedules and exhibits attached are true and correct.

Signed X _____

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

License Period Ending _____

Due On or Before _____

RENEWAL OF RENTAL DWELLING LICENSE
LICENSE PERIOD JULY 1ST THROUGH JUNE 30TH

NAME &
ADDRESS
OF
BUSINESS
EMAIL

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

NOTIFY DEPT. OF FINANCE & ADMINISTRATION OF ANY CHANGE IN NAME AND ADDRESS SHOWN ABOVE

PAYMENT MUST BE MADE ON OR BEFORE APRIL 15.
LICENSE FEE WILL INCREASE BY 25% IF PAYMENT IS MADE MORE THAN 15 DAYS PAST THE DUE DATE.

SECTION I

1. Total number of rental dwelling units in the City of Newport : _____
2. Actual License Fee due at **$80.00 per unit** up to a maximum of **$12,500.00** : $ _____
3. Add penalty of **25%** if payment is made more than 15 days past the due date : $ _____
4. **TOTAL REMITTANCE**..... $ _____

SECTION II

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

If you have rental dwelling units in more than one property location, list each location separately.

PROPERTY ADDRESS	FLOOR NO.	UNIT NO. OR LETTER

rev. 3/11