



CITY OF NEWPORT
DEPARTMENT OF FINANCE & ADMINISTRATION
LICENSE DIVISION
(859) 292-3660
OL@Newportky.gov

OCCUPATIONAL LICENSE APPLICATION FOR
COMMERCIAL RENTAL PROPERTY

CN-2C

1 APPLICATION INFORMATION:

NAME OF APPLICANT _____ EMAIL _____

TRADE NAME OR DBA _____

MAILING ADDRESS:
STREET _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____

2 CHECK TYPE OF OWNERSHIP:

☐ SOLE OWNER ☐ CORPORATION ☐ PARTNERSHIP ☐ LLC

3 CORPORATE INFORMATION:

If vendor 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 _____

4 ACCOUNTING PERIOD:

☐ CALENDAR OR ☐ FISCAL YEAR [M/D] (____/____ TO ____/____)

5 OWNER(S) OF BUSINESS:

If an individual, provide full name, residence address, telephone number, date of birth and social security number.

If a partnership, provide name, residence address, telephone number, date of birth and social security number of each partner.

If a corporation, provide name, address, telephone number and social security number of the president, vice-president, secretary and treasurer.

NAME/ADDRESS	TITLE	PHONE	D.O.B.	S.S.#

6 IDENTIFICATION NUMBERS:

Enter any or all identification numbers which apply to your company:

FEDERAL EMPLOYERS I.D. NUMBER (number used to file federal income tax) _____

KENTUCKY ACCOUNT NUMBER (number used to file KY income tax) _____

SOCIAL SECURITY NUMBER (sole-proprietor only) _____

7 MANAGEMENT OF PROPERTY:

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 ☒ _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____ 20____

SIGNED ☒ _____ NOTARY PUBLIC - STATE OF _____ MY COMMISSION EXPIRES ____/____/____

8 PAYROLL WITHHOLDING FEE:

Will you have employees in the City of Newport? ☐ Yes ☐ No If yes, give the estimated number _____

The City of Newport also has a withholding fee of 2.5 % of the gross wages paid to employees while they are working within the city limits. It is the responsibility of the business owner to withhold these fees and submit them to the City on a quarterly basis. CN-1 forms will be provided by mail or can be downloaded at [www.newportky.gov/e-government/forms/employer-individual-quarterly-return-of-license-fee\(cn-1\)](http://www.newportky.gov/e-government/forms/employer-individual-quarterly-return-of-license-fee(cn-1))

If your company is using a 3rd party payroll provider, enter here: _____

9 PROPERTY TO BE LICENSED FOR COMMERCIAL RENTAL:

PROPERTY ADDRESS	DATE OF PURCHASE	NO. OF FLOORS	NO. OF UNITS

10 LICENSE FEE: The intial fee is a minimum \$75.00 which is based on \$21,428.00 X (.0035). If you are paying during the following months the fee will be prorated:

July 1 - June 30 = \$75.00 August 1 - June 30 = \$68.75 Sept 1 - June 30 = \$62.50 October 1 - June 30 = \$56.25
Nov 1 - June 30 = \$50.00 Dec 1 - June 30 = \$43.75 Jan 1 - June 30 = \$37.50

11 SUB-CONTRACTORS

Will you be employing Sub-Contractors or Independent Contractors? ☐ YES ☐ NO

If you checked **YES** to the box above, Finance Department regulations require that you submit the names, mailing addresses and a contact person for each individual sub-contractor or entity. This applies to 1099 employees in any situation. No license can be issued to you until all sub-contractors are accounted for.

Use form CN-5 for this information which can be provided by request or downloaded at:

[www.newportky.gov/e-government/forms/general-contractors-list-of-intended-sub-contractors\(cn-5\)](http://www.newportky.gov/e-government/forms/general-contractors-list-of-intended-sub-contractors(cn-5))

MAKE PAYABLE: CITY OF NEWPORT * DEPT. OF FINANCE * P.O. BOX 711090, NEWPORT, KY 41071

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

Signed x _____ Official Title _____ Date ____ / ____ / ____
(Owner, Officer, Partner, Member, Agent, etc.)