

•  
•  
•  
•  
•  
•

514 Sixth Avenue  
Dayton, KY 41074  
ph (859) 491-1600  
fax (859) 491-3538

# City of Dayton, Kentucky

## Occupational License Application (2012 Rental) (Please Fill Out Separate Application for Each Address)

Property Address \_\_\_\_\_

A) Property owner's name, address, phone number, and tax ID (social security number for individuals).

B) Please give the name, address, phone and tax ID numbers of any person or company managing the property for the owner. *(For additional persons, please add additional pages.)*

Emergency Phone  
Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)

C) Is any dwelling unit at this address occupied by an owner? \_\_\_ No \_\_\_

D) If any hazardous materials are kept on the premises, please give full details on additional page and provide the MSDS on each material. If any guard dogs, pets or other animals are kept on the premises, please give the number and types of animals. If there is an alarm system, please give the name, address, and phone number of the alarm company. *(For additional space, please add additional pages.)*

\_\_\_ No Hazardous Material \_\_\_ No Animals \_\_\_ No Alarms

E) Please describe waste collection provided: *(For additional space, please add additional pages.)*

\_\_\_ Private Contract Dumpster \_\_\_ Waste Wheelers \_\_\_ Waste Cans \_\_\_ Other

F) Describe type and number of basement or storefront apartments: *(For additional space, please add additional pages.)*

\_\_\_ None \_\_\_ Basement \_\_\_ Storefront

• • • • •

G) Give the number of off-street parking units provided: \_\_\_\_\_

H) Please state the number of residential and commercial rental units on the property:

Efficiencies	1 bedroom	2 bedroom	3 bedroom	4 or more bedrooms	TOTAL (Res)
_____	_____	_____	_____	_____	_____
Commercial					TOTAL (Com)

I) Please figure amount of fees due:

_____	X	\$50.00	= \$ _____
Total Residential (from H above)			
_____	X	\$50.00	= \$ _____
Total Commercial (from H above)			

Subtotal \$ \_\_\_\_\_

Rental fee shall be due and payable on or before May 31st.  
NO EXTENSIONS WILL BE GRANTED

Penalty, if any  
(Twenty Percent (20%) and interest of One Percent (1%) \_\_\_\_\_  
per month after May 31st or Twelve Percent (12%) per annum.

TOTAL DUE \$ \_\_\_\_\_

**WARNING!**

STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO VERIFICATION AND FALSE OR INTENTIONALLY MISLEADING STATEMENTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR, IF A LICENSE IS GRANTED, REVOCATION THEREOF UPON DISCOVERY.

THE CITY CODES INSPECTOR OR FIRE INSPECTOR MAY ENTER AND INSPECT THIS BUILDING, IF IT HAS THREE UNITS OR MORE. THE CITY MAY REVOKE THE RENTAL LICENSE FOR FAILURE TO ALLOW THE INSPECTION.

ANY PERSON FOUND GUILTY OF WILLFULLY FAILING OR REFUSING TO FILE A RETURN, OR WILLFULLY FAILING OR REFUSING TO PAY THE LICENSE TAX WHEN DUE, OR WILLFULLY FAILING OR REFUSING TO FILE A CORRECTED RETURN OR TO PAY AN ADDITIONAL LICENSE TAX WITHIN THIRTY (30) DAYS AFTER RECEIPT OF THE NOTICE PROVIDED HEREIN, OR WILLFULLY FAILING TO PAY A LICENSE TAX BEFORE BEGINNING A NEW BUSINESS, OR WILLFULLY FAILING OR REFUSING TO ABIDE BY AN ORDER OF THE CITY COUNCIL SUSPENDING OR REVOKING HIS LICENSE, SHALL BE CONSIDERED GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, FOR EACH OFFENSE, BE SUBJECT TO A FINE OF NOT LESS THAN FIFTY DOLLARS (\$50.00) NOR MORE THAN (500.00) OR TO IMPRISONMENT FOR NOT MORE THAN THIRTY (30) DAYS OR BOTH.

I, the undersigned, hereby certify that I am authorized to sign this application for occupational license (rental) for the above owner(s), and that I have made full inquiry into the information given above and to the best of my knowledge, the statements contained above are true and correct.

\_\_\_\_\_  
Signature