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|  | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: www.DaytonKY.com |

Rental Property License 2017

Applicants Must Re-Apply Annually

Due by June 30th

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I. BUSINESS INFORMATION | | | | | | |
| **Name of Business/Property Owner Address:** | |  | | | | |
| **Business Address/ Rental Owner Mailing Address:** | |  | | | | |
| **Business Telephone #:** | |  | | | | |
| **Email Address:** | |  | | | | |
| **Employer ID #** (EIN or SSN)**:** | |  | | | | |
| **Insurance** (Provider, Policy #, Amount)**:** | |  | | | | |
| **Business Start Date:** | |  | | | | |
| **# of Employees:** | |  | | | | |
| **Previous Year or Expected Gross Receipts** | |  | | | | |
| **Description of Business to be Conducted:** | |  | | | | |
| II. BUSINESS PROPERTY INFORMATION | | | | | | |
| **Rental Property Address:** | |  | | | | |
| **Store or Use Hazardous Materials?** | | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **If yes, state type and amount of each material stored or used:** | | | | | | |
| **Animals Kept on Property:** | | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **If yes, state type, breed, amount, and purpose of animal:** | | | | | | |
| **Security System:** | | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **If yes, give full details of system:** | | | | | | |
| **III. BUSINESS OWNER INFORMATION** | | | | | | |
| **Type of Business:** | | [ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietorship | | | | |
| **Owner/ Partner/ Corporate President Name, Address, Phone #, DOB, and SSN:** | |  | | | | |
| **Co-Owner/ Partner/ Corporate Officer Name, Address, Phone # SSN:** | |  | | | | |
| **Co-Owner/ Partner/ Corporate Officer Name, Address, Phone # SSN:** | |  | | | | |
| **Co-Owner/ Partner/ Corporate Officer Name, Address, Phone # SSN:** | |  | | | | |
| **Has the Business, Owner(s), or Corporate Officers ever been convicted of a felony, misdemeanor, crime of moral turpitude, or crime which directly relates to the type of business for which this application is made:** | | | [ ] yes [ ] no | | | |
| **If yes, explain in detail:** | |  | | | | |
| **Any License ever revoked:** | | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **If yes, explain in detail:** | |  | | | | |
| **ADDITIONAL NOTES:** | | | | | | |
| **IV. FEE CALCULATION** | | | | | | |
| **A. Multiple Gross Receipts by .01: If *total is less than $100.00, enter $100.00 minimum fee.*** | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **B. Penalty and Interest, if applicable.** Twenty Percent (20%) and interest of One Percent (1%) per month after July 1st or Twelve Percent (12%) per annum. | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **C. TOTAL FEE DUE** (Add Rows A and B) (Rental fee shall be due and payable on or before June 30th.) NO EXTENSIONS WILL BE GRANTED | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| IV. ACKNOWLEDGEMENT & SIGNATURE: | | | | | | |
| 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.  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) NO 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 fee return for occupational (rental) license and fee for the above business and persons, and that, I have made full inquiry into the information give above and to the best of my knowledge, the statements contained above are true and correct.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **INTERNAL USE ONLY:** | | | | | | |
| **Department:** | **Approve or Disapprove:** | | | **Signature** | | **Date:** |
| FIRE |  | | |  | |  |
| POLICE |  | | |  | |  |
| CLERK/TREASURER |  | | |  | |  |
| ADMINISTRATOR (BUILDING & ZONING) |  | | |  | |  |
| MAYOR |  | | |  | |  |