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| O:\Dayton Logos - New 2019\DaytonSeal-01.jpg | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: www.DaytonKY.com |

Business Rental License Application 2019

\*A Zoning Permit may be required before you begin business activity. Contact Campbell County Planning and Zoning for a determination at (859) 292-3880.

WARNING: Statements in this application shall be made under oath, or by affirmation or by any other legally authorized manner of attesting to the truth of such statement. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license issued pursuant thereto.

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| I. PROPERTY OWNER INFORMATION: | |
| **Type of Business:** | [ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietorship |
| **Name of Property Owner:** |  |
| **Property Owner Address:** |  |
| **Property Owner Telephone #:** |  |
| **Email Address:** |  |
| **Owner/Partner/Corporate President Name, Address, Phone#, DOB, and SSN:** |  |
| **Employer ID #** (EIN or SSN)**:** |  |
| **Business Start Date (in city):** |  |
| **# of Employees:** |  |
| **Contact Person for Taxes/Fees (name and telephone #)** |  |
| IV. ACKNOWLEDGEMENT & SIGNATURE: | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby certify that I am authorized to sign this license application 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 - Received and Processed:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| I. DAYTON RENTAL PROPERTY ADDRESS(ES) LISTINGS – If Applicable |
| **PLEASE LIST THE ADDRESS OF EACH RENTAL PROPERTY OWNED OR OPERATED BY THE LICENSEE LOCATED WITHIN THE CITY OF DAYTON (if applicable):**  **Property #1 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #2 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Property #3 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #4 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Property #5 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #6 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Property #7 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #8 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Property #9 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #10 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Property #11 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #12 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Property #13 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property #14 – Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Every person engaged in the business of leasing or renting real property or portions thereof shall pay an annual license tax  to the City in the amount of the amount .01 times his or her gross receipts but not less than the amount of one hundred dollars ($100.00). |
| **II. RENTAL OCCUPATIONAL LICENSE FEE COMPUTATION** |
| |  |  | | --- | --- | | 1. Multiply Gross Rents received by .01. If total is less than $100.00, enter $100.00 Minimum fee. | *$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 2. Penalty @ 5% per month (minimum $25; maximum 25% or whichever is greater) (If applicable) | *$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 3. Interest @1% per month thereof from the Due Date ( If applicable) | *$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 4. Total Rental Occupational Fee Due | *$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | **II. RE**   |  | | --- | | III. ACKNOWLEDGEMENT & SIGNATURE: | | **\*IMPORTANT\* Attach Federal Return forms including but not limited to Form Schedule C or E.**  RETURN MUST BE SIGNED – I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules  are true, correct, complete and to the best of my knowledge.  Signature of PREPARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of LICENSEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **NTAL OCCUPATIONAL LICENSE FEE COMPUTATION** | | | |