



**CITY OF BELLEVUE
RENTAL PROPERTY LICENSE
APPLICATION
616 POPLAR STREET
BELLEVUE, KENTUCKY 41073
PHONE: 859-431-8866 FAX: 859-261-8387**

- 1. Rental Property Owner's name: _____
- 2. Rental Property Address: _____
- 3. Owner's mailing address: (if different from above)

- 4. Owner's telephone number: _____
- 5. Is owner a(n):
Individual: _____ Partnership: _____
Corporation: _____ Other (specify): _____

6. Owner(s) of Business: If an individual, give name, date of birth, residence address, number, and social security number; if a partnership, give same as above for each partner; give same for President, Vice-President, Secretary, and Treasurer.

NAME	TITLE	ADDRESS	TELEPHONE	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Note that this form must be completed and returned to the City Clerk's Office for review by appropriate City Staff. Also, a separate application must be completed for each piece of rental property owned within the City of Bellevue.*

- 7. List a duly authorized representative of the business who is responsible for operating and managing the business in the City:
Name: _____ D.O.B. _____ SS#: _____
Title: _____ Residence: _____
Home Telephone #: _____ Night Emergency #: _____
Work Telephone #: _____ Day Emergency #: _____

8. Are hazardous materials, or guard dogs, pets or other animals at the premises? If so, specify. Give any other information about the premises that would be necessary/helpful to emergency personnel responding to a call there: _____

9. Number of Units in Building:_____
10. Number of *off-street* parking spaces provided on property: _____
11. Type of waste collection: Dumpster_____ Waste wheelers_____ Waste cans_____ Other (explain):_____
12. Does this structure/house have any basement and/or storefront apartments? If yes, please specify type & number:_____
13. Was the structure originally built as a:
Single family:_____ {if yes, go to Item #14} Two family:_____ Multi-family:_____
14. If structure was built as a single family, when was the property converted:_____

WARNING: Statements made in this application are subject to verification and false or intentionally misleading statements may be cause for denial of the license applied for, or if a license is granted, revocation thereof upon discovery.

UNDER PROVISION OF ORDINANCE EACH PERSON SUBJECT TO TO THE PAYMENT OF A RENTAL PROPERTY BUSINESS LICENSE TAX SHALL SUPPLY THE NAME, ADDRESS, TELEPHONE NO. OF THE INSURANCE PROVIDER OF THE PROPERTY FOR WHICH SUCH LICENSE IS REQUESTED

INSURANCE PROVIDER

POLICY#

EXP.DATE

ADDRESS. CITY, STATE & ZIP CODE

TELEPHONE NUMBER

UNDER PROVISION OF ORDINANCE, THE BUILDING INSPECTOR OR ANY OFFICER OR EMPLOYEE OF THE CITY MAY ENTER AND INSPECT THIS BUILDING. I HEREBY CERTIFY THAT I AM DULY AUTHORIZED TO ACT FOR THE APPLICANT AND THAT THE STATEMENTS CONTAINED ON THIS APPLICATION ARE TRUE AND COMPLETE

Signature

Title

Date

[OFFICE USE ONLY]

Issuance of a license is:

_____ Approved

_____ Approved conditionally (conditions attached)

_____ Denied (notification to applicant attached)

Dated this _____ day _____ of 20_____.

City Clerk: _____ **Zoning Admin. Approval:** _____

Fire Department Approval: _____ **Date of Last Fire Inspection:** _____