## **Rental License Application**

Due by: April 15<sup>th</sup> each year

## **City of Dayton**

514 Sixth Ave, Dayton, Ky 41074 PH: (859) 491-1600 www.daytonky.com



ONLINE FORM

I. PROPERTY OWNER INFORMATION:			
Type of Business:	[ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprieto		] Sole Proprietorship
Name of Property Owner:		Property Owner T	elephone:
Property Owner Address:			
Email Address: Employer ID# (SS		l or EIN)	
Owner/Partner/Corporate President Name, Address, Phone#, DOB, and SSN:			
Business Start Date (in city):		Number of Employees:	
Contact Person for Taxes/Fees		Contact Telephone	e:
II. RENTAL OCCUPATIONAL LICENSE FEE COMPUTATION			
<ol> <li>Multiply Gross Rents r enter \$100.00 minimu</li> </ol>	eceived by .01. If total is less than \$100.00, m fee:		\$
<ol><li>Late Penalty at 5% per whichever is greater):</li></ol>	% per month (minimum \$25, maximum 25% or ater):		\$
3. Interest at 1% per mor	3. Interest at 1% per month thereof from the due date. (If applicable):		\$
4. Total Rental Occupational Fee Due:		\$	
III. DAYTON RENTAL PROPERTY ADDRESS(ES) LISTINGS			
LIST THE ADDRESS OF EACH INDIVIDUAL RENTAL PROPERTY OWNED OR OPERATED			
BY THE LICENSEE LOCATED WITHIN THE CITY OF DAYTON:  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:		
IV. SIGNATURE			
*IMPORTANT* Attach Federal Return forms including but not limited to Form Schedule C or E.			
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. 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. I,			
Signature of PREPARER:	Signature of LICENSEE:		
Print Name:	Print Name:		
Office Use only:			

Received By: \_\_\_\_\_

ALL FORMS SUMITTED WITHOUT FEDERAL TAX DOCUMENTS WILL BE CONSIDRED DELINQUENT AND SUBJECT TO PENALTIES AND INTEREST UNTIL TAX DOCUMENTS ARE SUBMITTED.