



City of Florence Finance Department
8100 Ewing Blvd
Florence, KY 41042

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SHORT TERM RENTAL APPLICATION

Application Fee \$500.00

APPLICANT INFORMATION:

Name/Primary Owner: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

EMERGENCY CONTACT: (must live within 20 miles of short term rental property)

Name/Primary Owner: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

SHORT TERM RENTAL UNIT INFORMATION:

Address of Property: _____

Number of Bedrooms: _____

Maximum Number of Occupants: _____

The below documents are required prior to processing:

- | | |
|---|---|
| <input type="checkbox"/> Property Owner Deed | <input type="checkbox"/> Sketched Floor Plan (must include dimensioned room layout) |
| <input type="checkbox"/> Self-Safety Inspection Form | <input type="checkbox"/> Occupational License (City of Florence and Boone County) |
| <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Information Brochure (must be provided to guests) |
| <input type="checkbox"/> Site Plan/Survey (maximum number of vehicles that can be legally parked) | |

Short Term Rental is defined as the rental of a residential dwelling unit, or a portion thereof for a period of less than **30 days**. _____ (initial here)

I affirm, under penalty of perjury, that the information contained in this application and all documents tenured in connection with this application are accurate and complete. Furthermore, I certify that I have reviewed and will comply with all other requirements of the City of Florence Ordinance NO. O-20-20 pertaining to Short Term Rentals.

_____	_____	_____
Name (Print)	Signature	Date

For Official Use Only- Approvals/Denial

City of Florence Planning Commission _____ Date: _____

Issuance of License is:

Approved

Denied (Notification to Applicant Attached)

Dated this _____ day of _____ 20__ Authorized By: _____