

City of Florence Finance Department 8100 Ewing Blvd Florence, KY 41042 Phone: (859) 647-5413 Fax: (859) 647-5447 www.florence-ky.gov

SHORT TERM RENTAL RENEWAL

Renewal Fee \$250.00

APPLICANT INFORMATION	<u>l:</u>		
Name/Primary Owner:			
Mailing Address:		Phone:	
City:	State:	Zip:	
Email Address:			
EMERGENCY CONTACT: (m	nust live within 20 miles of sh	ort term rental property)	
Name/Primary Owner:			
Mailing Address:		Phone:	
City:	State:	Zip:	
Email Address:			
SHORT TERM RENTAL UNI	T INFORMATION:		
Address of Property:			
Number of Bedrooms:			
Maximum Number of Occi	upants:	Maximum Number of Vehicles	
The below documents are	required prior to p	rocessing:	
Certificate of Insur	ance		
Self-Safety Inspecti	on Form		
Occupational Licen	SE (City of Florence and Boo	one County)	

The following documents are requi	red only if there have been changes to	previous filings:			
Property Owner Deed					
Information Brochure (mu	ist be provided to guests)				
Site Plan/Survey (maximum r	number of vehicles that can be legally parked)				
Sketched Floor Plan (must	include dimensioned room layout)				
Short Term Rental is defined as the of less than 30 days (initial l	rental of a residential dwelling unit, or	a portion thereof for a period			
tenured in connection with this app	hat the information contained in this ap plication are accurate and complete. Fu ther requirements of the City of Floren	rthermore, I certify that I have			
Name (Print)	Signature	Date			
For Official Use Only- Approvals/Denial					
City of Florence Planning Commission		Date:			
Issuance of License is: Approved	Denied (Notification to Applica	nt Attached)			
Dated this day of	20 Authorized By	<i>y</i> :			