



The application for a Short-Term Rental Special Fees License requires the following:

- A completed Form 380 (the Application provided in the packet);
- A completed Form 380-A (the Excel document listing each property being licensed, provided in the packet), indicating the address of each Short-Term Rental; the number of dwelling units being used as a Short-Term Rental on each property; the maximum number of occupants requested for each property; and whether each property is a Hosted or Un-Hosted Short-Term Rental;
- An Affidavit signed by the Applicant (on the form provided in the packet);
- An Affidavit signed by the Owner of the Short-Term Rental, which is only required if someone other than the owner of the relevant property is completing the application for, and on behalf of, the Owner (on the form provided in the packet);
- A Zoning Compliance Permit issued by the Division of Planning for each property being licensed;
- A site plan and floor plan depicting the Short-Term Rental, including the number of vehicles that can be legally parked on the property, without encroaching onto the street, sidewalks, alleys, public rights of way or public property (an example is provided in the packet);
- A certificate of insurance or other valid proof of general liability insurance in the amount not less than one million dollars (\$1,000,000.00) per occurrence, which shall remain in effect at all times while engaged in the licensed activity;
- For Short-Term Rentals utilizing septic tanks, evidence indicating that the septic tank is of sufficient size to accommodate the occupancy requested in the application;
- For Hosted Short-Term Rentals, two forms of documentation indicating that a permanent resident resides at the dwelling unit utilized as the Short-Term Rental, including motor vehicle registration; an unexpired Driver's License; voter registration; tax documents indicating the dwelling unit as the individual's residence; or a utility bill.
- Payment of \$200 for the first Short-Term Rental and \$100 for each additional Short-Term Rental (make check payable to LFUCG).

Failure to return a fully completed Application shall result in denial of the Application.

A Conditional Use Permit may be required to receive a Zoning Compliance Permit. A Zoning Compliance Permit and an Occupational License Fee Account # are required to apply for a Short-Term Rental Special Fees License.

Contact information:

For questions related to:

Conditional Use applications

Meghan Jennings
mjennings@lexingtonky.gov
(859) 258-3188

Zoning Compliance Permits

Stephanie Cunningham
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(859) 258-3885

STR & Occupational Licenses:

William Hammond
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APPLICATION

FOR SHORT-TERM RENTAL SPECIAL FEES LICENSE



LEXINGTON

A fee of \$200.00 for the first Short-Term Rental and \$100.00 for each additional Short-Term Rental (make check payable to LFUCG) **must** be enclosed with the application when it is returned. Nothing contained herein shall relieve the Applicant from the requirement to apply for an Occupational License Fee Account (Form 228IP) in addition to this Application.

Return to: Division of Revenue, P O Box 14058, Lexington, KY 40512

1) Name of Owner/Licensee: _____

2) Address of Owner: _____
Zip Code

3) Mailing Address of Owner, if Different: _____
Zip Code

4) Telephone Number and Email Address of Owner: _____

5) If Owner is a partnership, corporation, or LLC, provide a list of all partners, shareholders, or members/managers, respectively, with more than 30% interest in the business. Please use additional pages, as necessary.

6) Is someone other than Owner the Applicant? Yes No

If yes, an Affidavit from the Owner must be attached. Complete # 6-9.
If no, only the Affidavit from the Applicant is required. Skip # 6 - 9.

7) Name of Applicant: _____

8) Address of Applicant: _____
Zip Code

9) Mailing Address of Applicant, if Different: _____
Zip Code

10) Telephone Number and Email Address of Applicant: _____

The Emergency Contact is the Owner
If checked, skip #11 – 14

The Emergency Contact is the Applicant
If checked, skip #11-14

The Emergency Contact is someone else
If checked, complete #11 – 14

11) Name of Emergency Contact: _____

12) Address of Emergency Contact: _____
Zip Code

13) Mailing Address of Emergency Contact, if Different: _____
Zip Code

14) Telephone Number and Email Address of Emergency Contact: _____

15) Occupational License Fee Account #: _____

16) I have read and understand the Duties of a Licensee, found within Section 13-79 of the Lexington-Fayette County Code of Ordinances, and agree to follow all requirements contained therein.

17) I have read and understand the requirements relating to Advertising on a Hosting Platform, found within Section 13-80 of the Lexington-Fayette County Code of Ordinances, and agree to follow all requirements contained therein.

I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Signature

Title

Date