



Short Term Rental Unit Permit Application

Applicant Information

Applicant Name _____

Home Phone _____ Cell _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Short Term Rental Unit Information

Short Term Rental Address _____

Number of Bedrooms: _____ Number of off-street parking spaces _____

Maximum Number Occupants Requested _____ (Maximum of 10 occupants)

Emergency Contact Information (Emergency Contact must be able to respond to property within one (1) hour)

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Alternate Contact Number _____

Email Address _____

I acknowledge that I understand that a Short Term Rental is defined as the rental of residential dwelling unit, or a portion thereof, for a period of less than 30 days and must comply with all zoning regulations, conditional use permit conditions and the County Short Term Rental Ordinance requirements. _____ (initial)

Initial Permit Application

The following items are required to be submitted prior to the initial issuance of a Short Term Rental Permit. :

- Floor plan sketch
- Self-safety inspection form
- Certificate of Insurance
- Copy of information brochure
- Approved Conditional Use Permit (within 90 days after application)
- Boone County Occupational License (within 90 days after application)

Short Term Rental Permit Renewal

- For Short Term Rental Permit Renewals, the following items are required to be submitted with application:
- Certificate of Insurance
- Current Boone County Occupational License
- Updates to any other document initially submitted. If no revisions have been made, please initial here _____

I hereby affirm that the information provided on this form is accurate to the best of my knowledge

Name (print)	Signature	Date
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**Please Return this Application to the Boone County Occupational License Department.
2950 Washington Street Box 960 Burlington, KY 41005**

Office Use Only Below This Line

Boone County Planning Commission Approval: _____ Date _____

STRU License is: Approved Denied on this date _____

Boone County Fiscal Court _____ Date _____

Permit Number: _____