

CITY OF WILLIAMSTOWN
400 NORTH MAIN STREET
P O BOX 147
WILLIAMSTOWN KY 41097

Phone: 859-824-6351
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www.wtownky.org

SHORT-TERM VACATION/HOUSING RENTAL APPLICATION

Application Fee \$250.00

Name/Primary Owner: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

EMERGENCY CONTACT: (must live within 25 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"/> Information Brochure (must be provided to guests) |
| <input type="checkbox"/> Certificate of Insurance | |
| <input type="checkbox"/> Site Plan/Survey (maximum number of vehicles that can be legally parked) | |

Short-term vacation/housing rental is defined as the rental of a residential dwelling unit, or a portion thereof, for a period not to exceed 14 consecutive days, with the exception of the months of January and February. _____ (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 Williamstown pertaining to short-term vacation/housing rentals.

Name

Signature

Date

For Official Use Only- Approvals/Denial

City of Williamstown _____ Date _____

Issuance of License is:

Approved

Denied (Notification to Applicant Attached)

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