FORM EFFECTIVE MAY 8, 2019



Short Term Rental Annual Registration Form Louisville Metro Department of Develop Louisville

	Registration No.	:	Intak	e Staff:	
FRSON COURT	Application Fed	e: \$100.00 (pleas	e make checks payabl	e to Planning & Desig	n Services)
		s of its expiration. A			on form must be submitted ch short term rental even if
A change in host, owner		welling unit used as			registration. The new host,
	Once complete, plea evelop Louisville's Off information, call (502)	ice of Planning and		South 5th Street, Suite	300.
Short Term Renta	I Property Inform	ation:			
Physical Address:	1				
ls the dwelling unit	the primary reside	nce of the host?	□ Yes □	□ No	
card; voter re	e attach a copy of tw egistration card; veh such as social securi	icle registration; fe			, state identification any sensitive personal
unit, then he	sidence is the main or she must apply a For more information	facts and circum	stances" test to dete	ermine if the propert	y is his or her primary
Was the short term	rental approved by	y a Conditional U	se Permit? 🔲 🗅	Yes □ No	
ls the dwelling unit	in a single-family r	esidence or dupl	ex?	Yes □ No	
Is the dwelling unit	in a condominium	?		Yes □ No	
Number of Off-Stre	oerty oms in the Short Te eet Parking Spaces evenue Commissio	on the Property			
Property Owner a	nd Short Term Ro	ental Host Infor	mation:		
Property Owner:			Short Term Renta Host:	al 🗆 Check if s	ame as owner
Name:			Name:		
Company:			Company:		
Address:			A dalago o a		
City:	State:	Zip:	City:	State:	Zip:
Primary Phone:			Primary Phone:		
Alternate Phone:			Alternate Phone:		
Email:			Email:		

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Emergency Contact Information:

Contact 1: ☐ Check if same as	host Contact 2 (if applicable):
Name:	Name:
Company:	Company:
Address:	Address:
City: State: Zip	
Primary Phone:	Primary Phone:
Alternate Phone:	Alternate Phone:
Email:	Email:
Applicant/Host Signature (required): Property Owner Signature (required):	
	ement is only to be filled out in the circumstance that the owner(s) of the ny, corporation, partnership, association, trustee, etc. or if someone other on.
,	_ , in my capacity as , hereby , hereby
certify that	is (are) the owner(s) of the property which
s the subject of this application and that I a	m authorized to sign this application on behalf of the owner(s).
Signature:	Date:

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.

Resources:

- 1. Deeds and plats can be found at the Jefferson County Clerk's Office, located at the 2nd floor of Metro Hall (527 West Jefferson Street, telephone: 502-574-6220). Many deeds, plats and other records are available online at: https://search.jeffersondeeds.com/
- 2. A property's zoning classification and other land use related information may be obtained at the Office of Planning & Design Services or online at https://www.lojic.org/lojic-online