



# Short Term Rental Annual Registration Form

City Of West Point, Ky.

Registration No.: \_\_\_\_\_ Intake Staff: \_\_\_\_\_

**Fee: \$50.00** (please make checks payable to City of West Point)

This form must be completed every year to register a short term rental. Each form registers one short term rental.

Once complete, please bring, mail, or email the application and supporting documentation to:

West Point City Hall 509 Elm St West Point, Ky. 40177

## **Short Term Rental Property Information:**

Property Address: \_\_\_\_\_

Primary Parcel ID(s): \_\_\_\_\_

In Residential Zoning Districts a short term rental of a dwelling unit in a single- family or duplex structure is permitted with special standards:

Is the dwelling unit a single-family or duplex structure?    Yes    No

Is the dwelling unit the primary residence of the host?    Yes    No

## **Short Term Rental Applicant Information:**

**Property Owner:**             *Check if primary contact*

**Short Term Rental Host:**             *Check if primary contact*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

If you are not a limited liability company, corporation, partnership, association, trustee, etc., please enter your name as company.

**Emergency Contact Information (if other than the host):**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City of West Point Ordinance requires that a person responsible be available and responsible for addressing any maintenance or safety concerns of a short term rental guest. Any such responsible individual must reside within 25 miles of the short term rental. Please affirm that the aforementioned emergency contact meets this requirement:

Ye     No

**Applicant (Host) Signature:** \_\_\_\_\_

**Certification Statement:** The Certification Statement is only to be filled out in the circumstance that the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc. or if someone other than the owner(s) of record sign(s) the application.

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_, hereby  
*representative/authorized agent/other*

certify that \_\_\_\_\_ is (are) the owner(s) of the property which  
*name of LLC / corporation / partnership / association / etc.*

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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.**