

City of Fulton

Office of Code Enforcement / Division of Fulton Fire Dept.

Rental Dwelling Unit License Application



Owner Last Name
or Business Name:

340 Browder Street | PO Box 1350 | Fulton, Kentucky | (270) 472-1423

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Application Type (check one): NEW APPLICATION RENEWAL CHANGE OF INFORMATION REINSTATEMENT (\$500)

- Rental Dwelling Permit Applications are due by April 15 each year and permits are valid July 1 to June 30.
- Operating without a permit constitutes a civil violation with a \$250 dollar penalty.

SECTION 1: APPLICANT and CONTACT INFORMATION

All information must be typed or printed legibly for application to be considered.

Date of Application:

Name of Applicant:

Trade Name or DBA:

Check Type of Ownership and provide all requested information below:

(attach additional pages if necessary)

- Sole Owner (provide contact information below)
- Partnership (provide contact information for each partner below)
- Corporation / LLC (provide contact information for chief operating officer and agent for service below)

Name:		Title:	
Address:			
City:		State:	Zip:
Telephone Number:	Cell Phone Number:		E-Mail Address:
Name:		Title:	
Address:			
City:		State:	Zip:
Telephone Number:	Cell Phone Number:		E-Mail Address:
Name:		Title:	
Address:			
City:		State:	Zip:
Telephone Number:	Cell Phone Number:		E-Mail Address:
Name:		Title:	
Address:			
City:		State:	Zip:
Telephone Number:	Cell Phone Number:		E-Mail Address:

Property Manager / Primary Contact Please provide all requested information below for the contact person(s) for inquiries regarding the properties listed on this application:

(attach additional pages if necessary)

Name:		Title:	
Address:			
City:		State:	Zip:
Telephone Number:	Cell Phone Number:		E-Mail Address:

SECTION 2: PROPERTY INFORMATION	
Properties to be Licensed (LIST EACH UNIT) <i>(attach additional pages if necessary)</i>	
Property Address	(List each and every unit in each building individually.) Apt. or Unit Number
<i>Example: 123 Maple Street</i>	<i>Apt. #1</i>
123 Maple Street	Apt. #2

I certify that all information contained herein is correct. I agree to comply with all rental dwelling licensing standards and conditions under City of Fulton Code of Ordinances. By signing below I also acknowledge the following information:

- All permits issued pursuant to this application will expire on June 30th of the following year.
- Applications for renewal of licenses must be filed by April 15th of each year.
- In the event that any information on this application changes, a change of information application must be submitted within 14 days of change.
- Any person who rents or leases property to another without obtaining a rental dwelling license may be subject to civil or criminal penalties or both.

Signature _____ Title _____ Date _____

Office Use Only: City Clerk _____ Fire Chief _____ Code Enforcement: _____