



Short-Term Rental Registration

Host Information *(Please fill out ALL information)*

EIN or SSN: _____

Individual Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Rental Unit(s) Information *(Use additional sheet if necessary)*

1. Address of Property: _____

City: _____ State: _____ Zip: _____

Number of Bedrooms: _____ Max. Number of Occupants: _____

2. Address of Property: _____

City: _____ State: _____ Zip: _____

Number of Bedrooms: _____ Max. Number of Occupants: _____

3. Address of Property: _____

City: _____ State: _____ Zip: _____

Number of Bedrooms: _____ Max. Number of Occupants: _____

Please list all hosting platforms on which you plan to list your unit(s), including personal webpages:

Emergency Contact *(If host is unavailable)*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please provide the following:

☐ Business License #: _____

Please acknowledge the following (initial at each acknowledgement):

- Short-Term Rental is defined as the rental of a residential dwelling unit, or a portion thereof for a period of less than 30 days. _____
- The short-term rental shall comply with all local, state, and federal ordinances and laws. If the property is subject to two or more substantiated civil and/or criminal complaints, the City may revoke approval of the short-term rental. _____
- This registration expires on December 31 and must be renewed annually by January 15. _____
- If the short-term rental ceases operations, the City Finance Department, attn: Transient Room Tax, must be notified in order to keep an up-to-date record. _____

I hereby certify that the statements made herein are true, correct, and complete to the best of my knowledge.

Applicant Name (Printed)

Applicant Signature

Date

This form may be returned via mail or in person drop off at City Hall.

Physical Location:

City Hall
101 E. 4th Street
Owensboro, KY 42303

Mailing Address:

City of Owensboro
Finance Dept. – Transient Room Tax
P.O. Box 10003
Owensboro, KY 42302-9003

FOR OFFICIAL USE

Business License #: _____

Date received: _____ Received by: _____

Other Notes (if applicable): _____

