

Georgetown-Scott County REVENUE COMMISSION

DISCLAIMER: Certain information provided on this questionnaire such as business name, business address and owner's name may be subject to public release under the Kentucky Open Records Act. However, the owner's personal information, including but not limited to social security number and/or federal identification number, home address and reported financial information is strictly confidential and cannot be released to the public.

- 1. Business or Host Name:
2. Business/Host Mailing Address:
3. Business/Host Phone Number:
4. Please list the address of each short-term rental property (Use additional sheet if necessary):
5. Email address of Host:
6. Emergency Contact Phone Number for Host :
7. Contact for Maintenance Requests (maintenance, safety concerns or nuisance complaints):
8. Has a conditional use permit been granted? NO YES
a. Are there multiple units that have received a conditional use permit? NO YES
b. Is a conditional use permit required for any of your short-term rental units? Please explain and include address for each unit.

INSTRUCTIONS FOR SUBMISSION OF REGISTRATION FORM:

- FORM SUBMISSION: PLEASE SUBMIT THIS COMPLETED FORM WITH A NON-REFUNDABLE FEE OF \$25.00 PER HOST, PER YEAR. THIS FORM SHOULD BE SUBMITTED WITH THE ANNUAL NET PROFIT LICENSE TAX RETURN FOR THE INDIVIDUAL OR BUSINESS THAT REPORTS THE INCOME FOR THE SHORT-TERM RENTAL PROPERTY ON THEIR FEDERAL INCOME TAX RETURN. ONLY ONE REGISTRATION IS REQUIRED PER HOST PER YEAR.
THE FORM MAY BE RETURNED VIA MAIL, EMAIL, IN-PERSON DROP-OFF, OR FAX.
PAYMENT OPTIONS: PAYMENT MAY BE MADE VIA CHECK BY MAIL, ONLINE AT WWW.GSCREVENUE.COM OR IN-PERSON DROP OFF.

PHYSICAL LOCATION: 1000 W. MAIN STREET, SUITE 8 GEORGETOWN, KY 40324

MAILING ADDRESS: P.O. BOX 800 GEORGETOWN, KY 40324

FAX NUMBER: 502-642-5206

PHONE: 502-603-5860

WEBSITE: www.gscrevenue.com