



CITY OF RICHMOND

Department of Codes, Planning, Safety & Risk Management

239 West Main Street, Richmond, KY 40475

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www.buildrichmondky.com

Short-Term Rental Registration

THIS APPLICATION IS FOR SHORT-TERM RENTAL REGISTRATION ONLY. FORM MUST BE COMPLETED ENTIRELY TO BE ACCEPTED FOR REVIEW.

Short Term Rental Information

Address of Short-Term Rental:	
Host Name:	
Host Address:	
Phone Number:	Email:
Emergency Contact:	
Emergency Contact Address:	
Phone Number:	Email:
Please complete this section if Host is not Property Owner:	
Property Owner Name:	
Property Owner Address:	
Phone Number:	Email:

I certify that the above information is true and correct. I agree that I, the Host, have read and agree to comply with all applicable codes and requirements enforced in City of Richmond Ordinance 24-02. I understand that violation of any of the part will result in the revocation of this registration and all penalties as written in the ordinance.

Applicant Signature: _____ Date: _____

For official use only – This portion of the form to be completed by CPSRM Department

Property Zone: _____ Fire Marshal Approval: Y N Outstanding Property Violations: Y N

Additional Comments: _____

Registration Approved By: _____ Date: _____

Registration Expiration: _____