Grant County Fiscal Court Short Term Rental Property Application

101 N Main St. STE 3 Williamstown, Ky 41097 Office Telephone Number: 859.823.7561

Please Complete the Following Questions.	
Name of STRP:	
Physical Address of STRP:	
Mailing Address:	
Name of Owner(s) or Manager(s):	
Owner(s)/Manager(s) Phone Number(s):	
Email Address:	Business Website:
Federal Tax Identification Number:	
Owner's Social Security Number:	
**Please attach a detailed floor plan of the residence showing the number of bedrooms and precise location of smoke alarms, attached structures, location of windows, and interior and exterior doors. If you do not have a printed floor plan, please hand-sketch the floor plan in the box below. **	
If more space is needed, you	may use the back of this page.
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By checking this box I affirm that I am the legal owner or representative of the above STRP and that said STRP will not violate any Home Owners Association agreement or Bylaws, condominium agreement, covenants,	
	ning and limiting the use of the proposed STRP property. It
is not the responsibility of the rax Administrator to re	esearch or enforce any private restrictions on this property.