Wolfe County Tourism Commission

SHORT-TERM RENTAL UNIT REGISTRATION FORM

Please Note that Short-Term Rentals are Valid from May 1st until April 30th of each year.

APPLICATION TYPE:

□ New □ Renewal Registration Number: _____

(New registrations should leave the Registration Number BLANK, they will be assigned a number.)

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

□ Yes □ No Management Company?

□ Yes □ No Property Owner?

□ Yes □ No Primary Contact for Guests?

PROPERTY OWNER INFORMATION:

Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Select best description for ownership of the rental unit(s)? □ Individual □ Corporation

Tax Identification Number: _____

RENTAL UNIT INFORMATION:

Name of the Property (if applicable): _____

Address of Property: _____

GPS Coordinates (DDD* MM.MMM'): _____ N _____W

Development Name: _____ Lot No: _____

Number of Bedrooms: _____ Number of Parking Spots: _____

What is the rental period of the unit: □ Year-round □ Seasonal: _____

Type of Rental Unit:

□ Yes □ No Is the rental unit(s) "Owner-Occupied"

(Having guests stay in rooms while I am also residing at my unit during their stay.)

□ Yes □ No Is the rental unit(s) "Non-Owner Occupied"

(Having guests stay in a unit I own but do not reside in.)

□ Yes □ No Is the rental unit(s) located at your primary residence?

□ Yes □ No Does the rental unit(s) have a hot tub or jacuzzi?

□ Yes □ No Is the rental unit handicap accessible?

Please select the description that best describes your rental unit(s):

□ Outdoor (Campsite, Sheltered Camping or Glamping, etc)

□ Vehicular (Camper, Recreational Vehicle, Van, Boat, Houseboat etc.)

□ Detached Single Unit (Cabin, House, Modular Home, Barn, etc)

□ Attached Unit (Du-Tri-Quad-plex, Units with shared kitchens or restrooms)

□ Multi-unit (Hotel, Motel, Lodge, Units with 5 or more attached units)

□ Bed and Breakfast or Hostel

□ Mixed Unit Development (Combination of rental unit types in a single location)

□ Other, please describe: _____

Please list any and all hosting platforms on which the unit(s) is planned to be listed, including personal webpages:

_____

_____

Please list the cleaning company used, if applicable: _____

Please list the maintenance company used, if applicable: _____

Please list the public utility providers for your rental unit(s), if applicable:

Electricity: _____

Water: _____

Sewage: _____

Internet: _____

□ Yes □ No Is your rental considered "off-grid?"

(Unit does NOT have access to water, electric and internet provided by utility service.)

Short-Term Residential Rental Registration Affidavit

I affirm, under penalty of perjury, that the information contained in this application and all documents tenured in connection with this application are accurate and complete. Furthermore, I certify that I have reviewed and will comply with all other requirements of the Wolfe County Tourism Commission, Wolfe County Ordinances, the Kentucky Building Code, the Kentucky Residential Code, and any other regulatory code required by the Commonwealth of Kentucky; including, but not limited to:

A. The maximum stay for short-term rentals shall be fifty nine (59) consecutive days for the same occupant.

B. The rental unit shall be limited to one (1) single short-term rental contract at a time.

C. The maximum occupancy number of persons residing in a short-term rental unit shall not exceed two times the number of bedrooms plus four individuals.

D. Outdoor signage in conjunction with each short-term rental unit is required; signs must be located in a conspicuous location easily visible to guests and first responders; signs are acquired through Wolfe County Tourism Commission upon successful registration of short-term rental unit. Signage will be verified with the Tourism Commission by the local Sheriff's Office, Fire Department or tourism designated representative through an Occupancy and Safety Inspection.

E. If the short-term rental is not owner-occupied or located at the primary residence of the host, they shall provide information on how to be contacted by phone, email, and physical address. This information shall be provided in a conspicuous location within the short-term rental.

F. Each short-term rental shall provide an emergency plan posted in a conspicuous location, have fire extinguishers and provide smoke detectors in compliance with the Kentucky Residential Code. A copy of the emergency plan shall be submitted at the time of inspection. It is the responsibility of the short-term rental owner to ensure any changes to the emergency plans between inspections are filed with the Wolfe County Tourism Commission. These shall be verified with the Wolfe County Tourism Commission by the local Sheriff's Office, Fire Department or tourism designated representative through an Occupancy and Safety Inspection.

G. Parking for short-term rentals shall be provided. Hosts shall provide, at minimum, one (1) parking space per short-term rental contract.

H. The short-term rental shall comply with any county ordinances regarding noise, public conduct and access right-of-ways.

I. Guests with pets are subject to the Commonwealth's provisions regarding animals, found in KRS 258.235 & KRS 258.265.

J. If the property is subject to three (3) or more substantiated civil and/or criminal complaints, the Wolfe County Tourism Commission may revoke the approval of the short-term rental for a period of up to one (1) year.

K. All short-term rental hosts must submit an annual registration form to the Wolfe County Tourism Commission to ensure that all requirements have been met; including obtaining an occupational license through the county's financial officer of the fiscal court, if applicable.

L. The short-term rental host shall request a rental unit Occupancy and Safety Inspection at the time of annual registration through Wolfe County Tourism Commission. Short-term rental units are required to have an Occupancy and Safety Inspection at least once every five (5) years or whenever a short-term rental unit is being registered for the first time or whenever a short-term rental unit is sold to a new owner to be utilized as a short-term rental unit or whenever a conditional use is granted. Occupancy and Safety Inspections shall be completed by a representative of the Wolfe County Fire Department or Wolfe County Sheriff's Department or Wolfe County Tourism Commission or tourism commission approved designated representative.

M. If the short-term rental unit ceases operations the responsible party shall notify the Wolfe County Tourism Commission in order to keep an up-to-date record of short-term rental operations within the county.

Please note there is no fee for the Registration of your short-term rental unit. The $100.00 fee assigned is for the Occupancy and Safety Inspection and is collected upon completion of inspection. Wolfe County Tourism Commission reserves the right to adjust or waive this fee as needed. Checks should be made out to: Wolfe County Tourism Commission, with Memo line: Occupancy and Safety Inspection.

I understand that failure to comply with any of the above-listed conditions, in addition to those set forth in the county ordinances, will be cause for enforcement action by the Wolfe County Tourism Commission, which may result in the accrual of fines and penalties and/or prohibition from operation of future short-term rentals.

Applicant Signature: _____ Date _____

FOR OFFICIAL USE ONLY

Short-Term Rental Unit Registration #: _____

Date of Previous Occupancy Inspection: _____

Previous Inspection Conducted By: _____

Registered with Wolfe County for Occupational License Account: Yes _____ No _____ N/A _____

Wolfe County Occupancy and Safety Inspection Fee: Yes _____ No _____ N/A _____

(Please note there is no fee for the Registration of your short-term rental unit. The $100.00 fee assigned is for the Occupancy and Safety Inspection and is collected upon completion of inspection.)

Area of County: _____ Zoning of Property: _____

Conditional Use Required: Yes _____ No _____ Date Conditional Use Granted: _____

Conditions of Approval, if any:

_____

_____

_____

Occupancy and Safety Inspection Representative: _____

Signature of Approval: _____ Date: _____

Wolfe County Tourism Commission Representative: _____

Signature of Approval: _____ Date: _____