



Short Term Rental Annual Registration Form

Louisville Metro Department of Develop Louisville

Registration No.: _____ Intake Staff: _____

Application Fee: \$100.00 (please make checks payable to Planning & Design Services)

A registration shall expire one year from the date it is issued and must be renewed annually. A new registration form must be submitted in order to renew a registration within 30 days of its expiration. A separate registration form is required for each short term rental even if they are located on the same property.

A change in host, ownership, or tenancy of dwelling unit used as a short term rental invalidates any existing registration. The new host, property owner, and/or tenant must apply for a registration in their name(s).

Once complete, please bring or mail the application and supporting documentation to:
 Develop Louisville's Office of Planning and Design Services, 444 South 5th Street, Suite 300.
 For more information, call (502) 574-6230 or visit <https://louisvilleky.gov/government/planning-design>.

Short Term Rental Property Information:

Physical Address: 2509 TOP HILL RD, LOUISVILLE KY 40206

Is the dwelling unit the primary residence of the host? Yes No

If yes, please attach a copy of two of the following documents to this form: driver's license, state identification card; voter registration card; vehicle registration; federal/state tax returns. You may redact any sensitive personal information such as social security numbers.

A primary residence is the main home of an individual. If an individual owns or lives in more than one dwelling unit, then he or she must apply a "facts and circumstances" test to determine if the property is his or her primary residence. (For more information, refer to the definition of primary residence in the Land Development Code)

Was the short term rental approved by a Conditional Use Permit? Yes No

Is the dwelling unit in a single-family residence or duplex? Yes No

Is the dwelling unit in a condominium? Yes No

Zoning of the Property RA
 Number of Bedrooms in the Short Term Rental 6
 Number of Off-Street Parking Spaces on the Property 6
 Louisville Metro Revenue Commission Number 10127689

Property Owner and Short Term Rental Host Information:

Property Owner:	Short Term Rental Host: <input checked="" type="checkbox"/> Check if same as owner
Name: <u>WALTER P GALLANW</u>	Name: _____
Company: <u>2509 TH LAND TRUST</u>	Company: _____
Address: <u>2509 TOP HILL RD</u>	Address: _____
City: <u>LOUISVILLE</u> State: <u>KY</u> Zip: <u>40206</u>	City: _____ State: _____ Zip: _____
Primary Phone: <u>502-454-3436</u>	Primary Phone: _____
Alternate Phone: <u>502-664-1633</u>	Alternate Phone: _____
Email: <u>W.P.Gallanw@yahooc.com</u>	Email: _____

Emergency Contact Information:

Contact 1: Check if same as host

Contact 2 (if applicable):

Name: _____

Name: WAME WALLACE

Company: _____

Company: HAPP-SPACE VACATIONS RENTALS

Address: _____

Address: 1156 BARDSTAN RD

City: _____ State: _____ Zip: _____

City: LOUISVILLE State: KY Zip: 40204

Primary Phone: _____

Primary Phone: 502-551-2407

Alternate Phone: _____

Alternate Phone: 502-551-2107

Email: _____

Email: gratefuljames@outlook.com

Louisville Metro Code requires that a person residing in Jefferson County, KY and/or within 25 miles of the short term rental be responsible for addressing any maintenance issues, safety concern, or nuisance complaints.

Please affirm that the aforementioned emergency contact(s) meets this requirement: Yes No

Applicant/Host Signature (required):

Wame Wallace

Property Owner Signature (required):

Wame Wallace

Certification Statement: The Certification Statement is only to be filled out in the circumstance that the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc. or if someone other than the owner(s) of record sign(s) the application.

I, WAME P GALLAGHER, in my capacity TRUSTEE, hereby
representative/authorized agent/other

certify that SOUTH LAND TRUST is (are) the owner(s) of the property which
name of LLC / corporation / partnership / association / etc.

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: Wame Wallace Date: 4-10-2023

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.

Resources:

1. Deeds and plats can be found at the Jefferson County Clerk's Office, located at the 2nd floor of Metro Hall (527 West Jefferson Street, telephone: 502-574-6220). Many deeds, plats and other records are available online at: <https://search.jeffersondeeds.com/>
2. A property's zoning classification and other land use related information may be obtained at the Office of Planning & Design Services or online at <https://www.lojic.org/lojic-online>