

Steven T. Noble
Mayor

Stephan Knox
Director

Paul Economos
Assistant Director

CITY OF KINGSTON
Building Safety & Zoning Enforcement

5 Garraghan Drive
Kingston, NY 12401
Phone (845) 331-1217
Fax (845) 331-1224



Operating License Application
Short Term Rentals

Application Date: ____/____/____

Rental Property Information

Street Address: _____

Number of Units: _____

Number of Bedrooms (per unit): _____

Number of Beds (per unit): _____

Maximum Number of Occupants (per unit): _____

Number of Parking Spots (not to include on-street parking): _____

Owner Name: _____

Owner Address: _____

Phone (cell): _____ Other: _____

Email: _____

If owned as a limited liability company, the name, address and contact information for each owner must be provided. (Sheet attached)

Emergency Contact Person: _____

Address: _____

Phone (cell): _____

Email: _____

Must reside in Ulster County and available to respond to emergencies within 60 minutes.

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Property Management Information

Are you using a property management company or rental platform? () Yes () No

Name of Management Company: _____

Responsible Party Name: _____

Phone (cell): _____

Email: _____

Is the property listed on an online platform? () Yes () No

Please indicate platform: _____ Listing# _____

Fees are based on the total number of rental units.

1-3 rental units: flat fee of \$75 plus \$50 per each unit

4-9 rental units: flat fee of \$125 plus \$50 per each unit

10-20 rental units: flat fee of \$250 plus \$45 per each unit

Over 20 rental units: flat fee of \$400 plus \$40 per each unit

Please complete and return this application and provide copies of the applicable documentation as listed on the included short term rental checklist.

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In accordance with Chapter 277 of the Code of the City of Kingston, an operating license shall be required **each year** for any Short Term Rental. The operating license shall be valid for one year from the date of issuance.

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and complete.

Applicant Signature: _____

Printed Name: _____

Date: _____

Notary Acknowledgement

Sworn to before me this _____ day of _____, _____.

Any operator who willfully fails to file a registration or files an incorrect registration form shall be liable to the penalties provided by law.

For office use only:

Zoning Classification: _____

Ulster County Boarding Tax: Yes No

Date Issued: _____

Expiration Date: _____

Denied: _____

Reason: _____

Appeal Date: _____

Decision: _____

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For Limited Liability Company, please list owners.

(1) Owner Name: _____

Owner Address: _____

Phone (cell): _____ **Other:** _____

Email: _____

(2) Owner Name: _____

Owner Address: _____

Phone (cell): _____ **Other:** _____

Email: _____

(3) Owner Name: _____

Owner Address: _____

Phone (cell): _____ **Other:** _____

Email: _____

(4) Owner Name: _____

Owner Address: _____

Phone (cell): _____ **Other:** _____

Email: _____