



APPLICATION FOR RENTAL LICENSE*

Date of Submission: _____

Owner Name: _____

Mailing Address: _____

City, State Zip: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Residential Agent/Manager Name: _____

Mailing Address: _____

City, State Zip: _____

Business Phone: (____) _____ Alternate Phone: (____) _____

Tax Map Parcel No. <i>(For Office Use Only)</i>	Rental Property Location	Unit/Apt. #	# of Units	Property Type <i>(Residential or Commercial)</i>

I, _____, declare under penalty of false statement, that to the best of my knowledge and belief, the above information is true and correct.

Signed: _____

**Fee for license: \$75 annually per unit; license dates: July 1-June 30th of issued year. Renewal is required after June 30th.*

FOR CITY STAFF ONLY:

Reviewed by: _____ License No.: _____

_____ Approved Approval Date: _____

_____ Denied Reason: _____

Updated 6/16/10