

CITY HALL  
106 DORMAN STREET  
HARRINGTON, DE 19952



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## **APPLICATION FOR RENTAL LICENSE\***

Date of Submission: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Residential Agent/Manager Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Tax Map Parcel No.	Name of Tenant	Rental Property Location	Unit/Apt	Property Type

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: \$125 annually per unit; license dates: January 1-December 31 of issued year. Renewal is required after December 31.**

### **FOR CITY STAFF ONLY:**

Reviewed by: \_\_\_\_\_ License No.: \_\_\_\_\_

\_\_\_\_\_ Approved Approval Date: \_\_\_\_\_