



RENTAL LICENSE RENEWAL APPLICATION

ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETED

1) OWNER INFORMATION

Name: _____ Business Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: BUSINESS _____ EVENING _____

E-mail Address: _____

2) PROPERTY MANAGER OR AGENT INFORMATION (if different from property owner)

Name: _____ Business Name: _____ Mailing

Address: _____ City:

_____ State: _____ Zip: _____

Phone Numbers: BUSINESS _____ EVENING _____

E-mail Address: _____

3) RENTAL PROPERTY INFORMATION

Property Address(s): _____

Property Identification Number*: _____ Year Built _____

Type of Rental: ___ Single Family ___ Duplex ___ Multifamily (3+ units) ___ Number of Buildings _____

Number of units (total): _____ Number of units ___ with ___ bedroom(s)

Example: Number of units (total): 30 Number of units 20 with 1 bedroom(s); Number of units 10 with 2 bedrooms

4) APPLICANT AFFIDAVIT:

I hereby attest to the truth and accuracy of the information contained in this application.

Signature of Owner / Agent: _____ Date: _____