



RENTAL UNIT LICENSE APPLICATION

LICENSE # _____

LICENSE FEE \$300.00 per unit _____

EXPIRATION DATE _____

PROPERTY INFORMATION:

1) Address of Rental Property _____

2) Lot # _____ Block # _____

3) Number of Rooms Leased _____

TENANTS INFORMATION:

4) Tenant Name and Phone # _____

Tenant Name and Phone # _____

Tenant Name and Phone # _____

Tenant Name and Phone # _____

Tenant Name and Phone # _____

OWNER INFORMATION:

5) Name of Property Owner(s): _____

6) Address of Property Owner(s) Residence: _____

7) Property Owner(s) Phone #: Home _____ Business _____

8) Name and Address of Property Manager (if applicable): _____

9) Phone # of Property Manager: Home _____ Business _____

10) List type of liability coverage (including insurance company, policy#, effective date(s) of the policy and terms:

11) For inspection appointment, contact Owner _____

Agent _____

Occupant _____

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12) If you are interested in an alternative or secondary method of mailing rental packet information other than United States Postal Mail, please indicate below:

Fax #: _____

Email Address: _____

I have read, understand, and agree to abide by the conditions set forth in Town **Ordinance 120, Rental Housing Units**, of the Town of Berwyn Heights. By accepting this rental license, I hereby give my consent for the Town of Berwyn Heights to perform external and internal inspections to monitor compliance with the Rental Housing Code. I understand that these inspections of my property will include one planned yearly visit as a condition of the granting of my license and possible unplanned visits in response to observations or complaints. I will receive at least twenty-four (24) hours notice of all inspections unless, in the Town's judgment, an emergency exists. In such a case, the Town will make reasonable attempts to notify me but may enter my property immediately to stop a dangerous condition. I understand that failure to allow access after notice could be grounds to revoke my license.

Signature of Landlord/ Property Owner

Date _____

Approved by: _____

Date _____

Issued by: _____

Date _____

07/08/2010