

Rental License Renewal Application

PLEASE COMPLETE SECTIONS 1 THROUGH 6

Property Information

Section 1

Owner Information

Rental property Address: _____

Owners Name: _____

(Required if Applicable)

Address _____

City _____ County _____ State & Zip Code _____

Phone () _____ Evening () _____

Section 2

Person Responsible for Maintenance & Management of this Rental Property

Enter below the requested information for the natural person responsible for maintenance and management of this property. This person may also be the appointed agent/contact person for the property. A post office box or commercial mail service box is not acceptable as an address for such person. BRACKENRIDGE CODE OF ORDINANCES.

Name of Property Manager _____

Manager

First

MI (Required)

Last

Daytime Phone () _____ Evening Phone () _____

Address _____

City _____ County _____ State & Zip Code _____

Section 3

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I UNDERSTAND ALL MAILINGS FROM INSPECTIONS DIVISION INCLUDING THE ANNUAL RENTAL LICENSE BILLING STATEMENT WILL BE MAILED TO THE APPOINTED AGENT/CONTACT PERSON UNLESS INSPECTIONS DIVISION IS NOTIFIED OF ANY CHANGES.

Signature of Owner _____ Date _____

Signature of Property Manager if other than owner _____ Date _____

Caution: Your signature as Property Manager on this form will make you responsible for the maintenance and management of this rental property.

Section 4

Please check the appropriate boxes below:

- I certify that there are no delinquent property taxes for this rental dwelling.
- I certify that there are no delinquent assessments for this rental dwelling.
- I certify that there are no active arrest warrants for a Brackenridge Property Maintenance Code or Zoning Code violation pertaining to any property on which the licensee, applicant or property manager has a legal or equitable ownership interest or is involved in management or maintenance.

Section 5

The licensee shall maintain a current register of all tenants and other persons with a lawful right to occupancy to a dwelling unit and the corresponding floor number, and unit number, and/or designation of such within the building.

Address where tenant register is kept: _____

Section 6

I request a re-inspection of my rental units Yes _____ No _____

Section 7

Tenant Information

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____

Tenant Name: _____
(Required)
Address _____ Apartment ID _____
Phone () _____