

Rental Business License Application

Business name: _____

Business address: _____

City, State, Zip Code: _____

Email: _____

Business phone: _____ Mobile: _____

Rental unit occupied _____ Rental unit inspected _____

Business owner name: _____

Owner Mailing address: _____

City, State, Zip Code: _____

Business phone: _____ Mobile: _____

Local Contact if not the same as business owner:

Name: _____ Phone: _____

The rental license fee is \$1.50 per unit.

I hereby agree that all renewal applications made hereafter and payable on or before June 30 of the license year. Any payments made after that period shall be assessed a 10% penalty the first month and an additional 1% interest for each 30 day period thereafter. All delinquent amounts due to the City of St. Joseph including penalty and interest shall be paid in full prior to renewal of licenses.

Signature: _____ Date: _____

Staff Only

License: _____

Category: _____

Fee: _____

Payment type: _____



