

Rental Business License Application

Business Name: _____

Business Address: _____

City, State, Zip Code: _____

Business Email: _____

Business Phone: _____ Mobile Phone: _____

Business Owner Name: _____

Retail Unit Occupied _____ Rental Unit Inspected: _____

Owner Mailing Address: _____

City, State, Zip Code: _____

Owner Email: _____

Owner Phone: _____ Mobile Phone: _____

Local Contact if not the same as business owner:

Name: _____ Phone: _____

As per City Ordinance Chapter 7 - BUILDINGS AND BUILDING REGULATIONS - ARTICLE XI. - RESIDENTIAL RENTAL PROPERTY, DIVISION 1. - RENTAL UNIT CERTIFICATION Sec.7-500 - Sec. 7-508.

Applicants are required to have a rental business license for each individual residential dwelling unit, whether it may be an apartment house, duplex house or single-family home. Whether occupied or unoccupied and whether such dwelling unit exists with or without other residential dwelling units within a single structure, which is offered or used for residential occupancy by persons other than the owners, immediate family members of the owners, or others under the care of the owners, for durations exceeding 30 days and in exchange for financial consideration. Each rental unit is required to have a rental unit certificate.

Applications shall be filed by owners of the residential dwelling units for which rental unit certificates are sought or by any other person authorized by such owners, provided such application includes only residential dwelling units sharing common ownership.

The rental license fee is \$1.50 per unit and renewable each fiscal year.

I hereby agree that all renewal applications are made hereafter and payable on or before June 30 of the fiscal license year. Any payments made after that period shall be assessed a 10% penalty for 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: _____

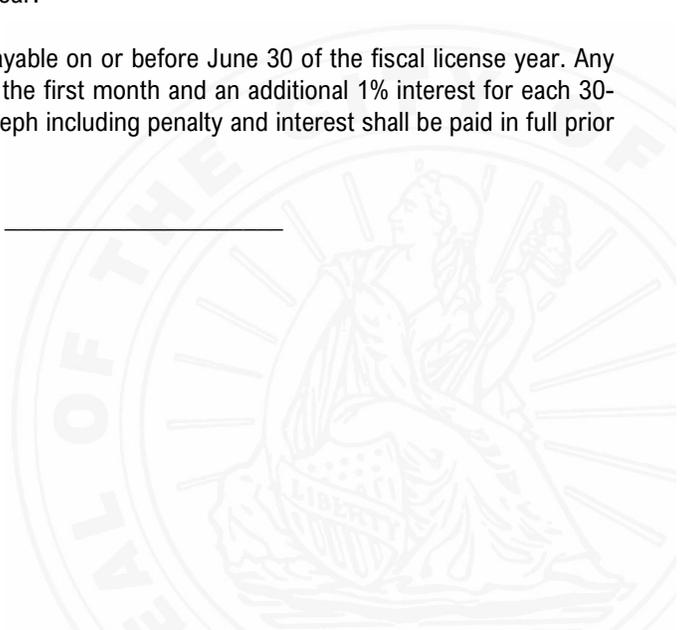
Staff Only

Rental Certificate Number: _____

Category: _____

Fee: _____

Payment type: _____



LIST YOUR RESIDENTIAL RENTAL PROPERTY ADDRESSES BELOW ALONG WITH NUMBER OF UNITS AT EACH ADDRESS

1. _____ Certificate #: _____ # of Units: _____
2. _____ Certificate #: _____ # of Units: _____
3. _____ Certificate #: _____ # of Units: _____
4. _____ Certificate #: _____ # of Units: _____
5. _____ Certificate #: _____ # of Units: _____
6. _____ Certificate #: _____ # of Units: _____
7. _____ Certificate #: _____ # of Units: _____
8. _____ Certificate #: _____ # of Units: _____
9. _____ Certificate #: _____ # of Units: _____
10. _____ Certificate #: _____ # of Units: _____
11. _____ Certificate #: _____ # of Units: _____
12. _____ Certificate #: _____ # of Units: _____
13. _____ Certificate #: _____ # of Units: _____
14. _____ Certificate #: _____ # of Units: _____
15. _____ Certificate #: _____ # of Units: _____
16. _____ Certificate #: _____ # of Units: _____
17. _____ Certificate #: _____ # of Units: _____
18. _____ Certificate #: _____ # of Units: _____

