

Apartment License Application

Name of Complex: _____

Address: _____

Phone Number of Manager: (____) _____

Property Manager: _____ Resident Manager: _____

Owner's Name, Address, and Phone Number:

Trade Name of Apartment Complex: _____

Name and Addresses of all Registered Agents and Mortgagees: _____

Number of Dwellings:

Efficiencies _____

One-Bedroom _____

Two-Bedroom _____

Three-Bedroom _____

Acknowledgment of receipt of copy of "Apartment Licensing Ordinance"

Name and Title

Date

Agreement to abide by "Apartment Licensing Ordinance"

Name and Title

Date