



CITY OF COATESVILLE PENNSYLVANIA

2024 RENTAL LICENSE APPLICATION

Location of Rental Unit(s):

Property Owner's Name & Complete Mailing Address:

Property Management Agent of Record & Complete Mailing Address

Telephone #(s):

Telephone #(s)

E-mail Address

E-mail Address

EIN/TAX ID/LAST 4 OF SSN):

PLEASE COMPLETE ALL REQUIRED TENANT INFORMATION ON ATTACHED TENANT LISTING

Please Complete the Following Information:

NUMBER OF RENTAL UNITS: _____

Identify which UNITS are currently Occupied: _____

Furnish the NUMBER of occupants in each UNIT: _____

Identify which UNITS are currently VACANT: _____

PLEASE NOTE:

1. Every dwelling unit or rooming unit offered for rental in the City of Coatesville must be licensed.
2. A separate application and license are required for every parcel with rental units to be licensed.
3. A rental license will be generated by the Codes Department.
4. Failure to return this application and fee by April 1st may result in loss of your Rental License.
5. ***Any Rental fee paid on or after April 1, 2024 will pay an additional \$71.50 per unit, plus 1.5% interest and said interest will accrue each month until paid in full.***
6. Continued non-payment of Rental fees will result in the issuance of a summary citation(s).
7. The Codes Department **must** inspect any licensed unit that becomes vacant, prior to its being re-occupied, bi-yearly and all newly licensed property.
8. THIS LICENSE IS NON-TRANSFERABLE.
9. ALL DELINQUENT AND PREVIOUS YEARS' SOLID WASTE AND CITY TAXES MUST BE PAID IN FULL BEFORE RENTAL LICENSES CAN BE ISSUED. SEE CHAPTER 136 - HOUSING STANDARDS www.coatesville.org/ecodes.

This is the only notice you will receive.

I, _____, certify that this application is correct and I apply
(PRINT APPLICANT NAME)
for a license to operate the units listed above.

_____ Date

_____ Applicant's Signature

Sign and return this application, with a non-refundable, annual, license fee of **\$65 per rental unit and or \$100 for each hotel/rooming house**, by March 31, 2024 to the address shown at the bottom of this page.

FOR OFFICE USE ONLY:

TAX PARCEL NO. _____

ZONING DISTRICT: _____

___ APPROVED ___ DENIED

Signature of Code Officer: _____

Date: _____

CODES DEPARTMENT

CD - 1/10/2024

1 City Hall Place, Coatesville, PA 19320 (610) 384-0300, OPT. 3 (610) 384-6051 (Fax)



TENANT REGISTRATION FORM

(PLEASE PRINT CLEARLY. If additional space is needed, please make a copy.)

Address: _____
Tenant information for each tenant in the unit/property

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) **Lease Dates:** _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) **Lease Dates:** _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) **Lease Dates:** _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) **Lease Dates:** _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) **Lease Dates:** _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) **Lease Dates:** _____

Phone Number: _____