



CITY OF COATESVILLE
Codes Department

COMMERCIAL 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 Commercial 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 Commercial 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 Commercial space 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 Commercial Rental License.
5. Any Rental fee paid on or after April 1, will pay an additional Please refer to fee codes.
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, (PRINT APPLICANT NAME), certify that this application is correct and I apply for a license to operate the commercial space listed above.

Date

Applicant's Signature

Sign and return this application, with a non-refundable, annual, license fee based on current year fee code, by March 31, 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 - 1/2/2024

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:** \_\_\_\_\_

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Phone Number: \_\_\_\_\_