



CITY OF COATESVILLE
Codes Department

RENTAL LICENSE APPLICATION

Property Address:

Property Owner's Name & Complete Mailing Address:

Telephone #(s): _____
E-mail: _____
EIN/TAX ID OR LAST 4 OF SSN: _____

Property Management Agent of Record & Complete Mailing Address

Telephone #(s): _____
E-mail: _____

PLEASE COMPLETE INFORMATION BELOW AND TENANT REGISTRATION ON PAGE 2

TOTAL NUMBER OF RENTAL UNITS: _____
List UNITS that are currently OCCUPIED: _____
List UNITS that 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 each parcel with rental units.
 3. A rental license will be issued with a current passing inspection for all units and common areas.
 4. The Codes Department **must** inspect all newly licensed properties and any licensed unit that becomes vacant prior to its being re-occupied or biennially.
 5. Failure to return this application and fee by April 1st will result in loss of your Rental License.
 6. ***Any Rental fee paid on or after April 1st will be doubled, plus 10% interest, plus 1.5% interest for each month thereafter.*** See current year Fee Schedule.
 7. Continued non-payment of Rental fees will result in the issuance of a Notice of Violation
 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.
 10. See chapter 136 - Housing Standards for more information 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 31st 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: _____



TENANT REGISTRATION FORM

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

Complete one tenant registration per property. Each unit should be listed separately below.
Additional pages can be added. The Lessee is the person(s) who signed the lease.

Property Address: _____

Lessee Name: _____ **Unit Number:** _____

Phone Number: _____ **Unit Square Footage:** _____

Lease Dates (start and end): _____

Total # of Adults in Unit: _____ **Total # of Minors in Unit:** _____

Lessee Name: _____ **Unit Number:** _____

Phone Number: _____ **Unit Square Footage:** _____

Lease Dates (start and end): _____

Total # of Adults in Unit: _____ **Total # of Minors in Unit:** _____

Lessee Name: _____ **Unit Number:** _____

Phone Number: _____ **Unit Square Footage:** _____

Lease Dates (start and end): _____

Total # of Adults in Unit: _____ **Total # of Minors in Unit:** _____

Lessee Name: _____ **Unit Number:** _____

Phone Number: _____ **Unit Square Footage:** _____

Lease Dates (start and end): _____

Total # of Adults in Unit: _____ **Total # of Minors in Unit:** _____

Lessee Name: _____ **Unit Number:** _____

Phone Number: _____ **Unit Square Footage:** _____

Lease Dates (start and end): _____

Total # of Adults in Unit: _____ **Total # of Minors in Unit:** _____