



CITY OF COATESVILLE
Codes Department

RENTAL LICENSE
APPLICATION

Property Address:

Property Owner's Name & Complete Mailing Address:

Property Management Agent of Record & Complete Mailing Address

Telephone #(s): _____

Telephone #(s): _____

E-mail: _____

E-mail: _____

EIN/TAX ID OR LAST 4 OF SSN: _____

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: _____

CODES DEPARTMENT

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.)

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.

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: _____