

TOWN OF BLOOMSBURG
OFFICE OF CODE ENFORCEMENT & ZONING
RENTAL UNIT LICENSE APPLICATION PURSUANT TO ORD. 949

***If there exists tax, sewer, or recycling delinquencies no license will be issued under any ordinance of the Town of Bloomsburg requiring a license.**

REGULAR LICENSE: _____

ADDRESS OF SUBJECT PROPERTY: _____
(ONLY ONE ADDRESS PER APPLICATION)

NUMBER OF DWELLING UNITS WITHIN STRUCTURE: _____ (See other side)

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

IF PROPERTY IS OWNED BY A PARTNERSHIP OR CORPORATION, THE NAMES, ADDRESSES AND CONTACT INFORMATION OF ALL PARTNERS IS REQUIRED. THIS INFORMATION IS TO BE PRINTED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS APPLICATION.

NAME OF AGENT OR MANAGER: _____

ADDRESS: _____

NOTE: The identified agent or manager must be available in the event of an emergency and said individual must reside within Ten (10) miles of the rental property.

TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

TENANTS: _____

ATTACH ADDITIONAL SHEET IF NECESSARY

SIGNATURE OF OWNER OR AGENT

DATE

OFFICE USE ONLY:

APPLICATION RECEIVED BY: _____ DATE: _____

TOTAL FEES COLLECTED: _____ DATE: _____

LICENSE NUMBER(S): _____

IF STRUCTURE IS AN APARTMENT HOUSE/COMPLEX WITH MULTIPLE UNITS PLEASE LIST THE ADDRESS OF EACH UNIT. Example: Second Floor Rear Apt., Third Floor Front Apt. Etc.

UNIT 1: _____

UNIT 2: _____

UNIT 3: _____

UNIT 4: _____

UNIT 5: _____

UNIT 6: _____

UNIT 7: _____

UNIT 8: _____

UNIT 9: _____

UNIT 10: _____

UNIT 11: _____

UNIT 12: _____

UNIT 13: _____

UNIT 14: _____

UNIT 15: _____

UNIT 16: _____

UNIT 17: _____

UNIT 18: _____

UNIT 19: _____

UNIT 20: _____