



**CITY OF COATESVILLE
PENNSYLVANIA**

**2020 RENTAL LICENSE
APPLICATION**

Location of Rental Unit/s:

Owner of Property & Complete Mailing Address:

Property Management Agent of Record & Complete Mailing Address:

Telephone #(s)

Telephone #(s)

E-mail Address:

E-mail Address:

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. *Penalty for single and multifamily dwelling – Interest of 1½% per month for each month the fee is not paid after January 1 of the year in which the fee is due and double the license fee if not paid by March 31 of the year which the fee is due*
6. *Penalty of rooming house and hotel licenses – Double the license fee and a 10% penalty levied on any fee paid after March 31 of the year which the fee is due.*
7. Continued non-payment of Rental fees will result in the issuance of a summary citation(s).
8. The Codes Department **must** inspect any licensed unit that becomes vacant, prior to its being Re-occupied, bi-yearly and all newly licensed property.
9. **THIS LICENSE IS NON-TRANSFERABLE.**
10. **ALL DELINQUENT AND PREVIOUS YEARS' SOLID WASTE AND CITY TAXES MUST BE PAID IN FULL BEFORE**

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 **\$45 per rental unit and or \$60 for each hotel/rooming house**, by April 1st, 2020 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

Revised 09/03/20

One City Hall Place, Coatesville, PA 19320 (610) 384-0300 Ext.3133 (610) 384-6051 (fax)



TENANT REGISTRATION FORM

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

Address: _____ Unit Number: _____

Tenant information (for each tenant in the unit/property)

Tenant Name: _____

Adult or Minor (please circle) Lease Dates: _____

Phone Number: _____

Tenant Name: _____

Adult or Minor (please circle) Lease Dates: _____

Phone Number: _____

Tenant Name: _____

Adult or Minor (please circle) Lease Dates: _____

Phone Number: _____

Tenant Name: _____

Adult or Minor (please circle) Lease Dates: _____

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