### Location of Rental Unit/s:

<table>
<thead>
<tr>
<th>Owner of Property &amp; Complete Mailing Address:</th>
<th>Property Management Agent of Record &amp; Complete Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone #(#s)</td>
<td>Telephone #(#s)</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

**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 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:**

<table>
<thead>
<tr>
<th>TAX PARCEL NO.</th>
<th>ZONING DISTRICT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ APPROVED ___ DENIED</td>
<td>Signature of Code Officer: ____________________________</td>
</tr>
<tr>
<td>Date: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

**CODES DEPARTMENT**

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: __________________________
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: __________________________
Phone Number: __________________________

Tenant Name: ___________________________________________
Adult or Minor (please circle) Lease Dates: __________________________
Phone Number: __________________________

Tenant Name: ___________________________________________
Adult or Minor (please circle) Lease Dates: __________________________
Phone Number: __________________________