



**CITY OF COATESVILLE  
PENNSYLVANIA**

**2021 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 1<sup>st</sup> may result in loss of your Rental License.
5. A \$50.00 penalty shall be levied on any Rental fee paid on/after April 1<sup>st</sup>, 2021
6. Continued non-payment of Rental fees will result in the issuance of a summary citation(s).
7. The Codes Department must inspect any licensed unit that becomes vacant, prior to its being Re-occupied, bi-yearly and all newly licensed property.
8. THIS LICENSE IS NON-TRANSFERABLE.
9. ALL DELINQUENT AND PREVIOUS YEARS' SOLID WASTE AND CITY TAXES MUST BE PAID IN FULL BEFORE RENTAL LICENSE CAN BE ISSUED. SEE CHAPTER 136. HOUSING STANDARDS.  
[www.coatesville.org/ecodes](http://www.coatesville.org/ecodes)

**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.

(PRINT APPLICANT NAME)

\_\_\_\_\_  
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 1<sup>st</sup>, 2021 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

CD - 12/31/2020

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: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Adult or Minor (please circle) Lease Dates: \_\_\_\_\_

Phone Number: \_\_\_\_\_