

CITY OF LEBANON RENTAL LICENSE APPLICATION

Property Location:

Owner of Record:

If corporate owner, please provide a
Contact name:

Phone#: _____

Email: _____

Property Management Agent: _____

(MUST BE WITHIN 20 MILES OF CITY LIMIT)

Phone: _____

Email: _____

Name of the trash/recycling hauler responsible for this property _____

Day of trash/recycling pickup _____

Floor/Unit

List Occupants (Adults):

Phone#:

IMPORTANT: IF MORE ROOM IS NEEDED, PLEASE CONTINUE ON BACK OF APPLICATION

Occupant information must be provided at the time you submit this application.

PLEASE NOTE:

1. Every dwelling unit or rooming unit offered for rent in the City of Lebanon must be licensed.
2. A separate application and license are required for every parcel with rental units.
3. Failure to register within 30 days of occupancy will result in a \$50 fine.

(PRINT APPLICATION NAME BELOW)

I, _____, certify that this application is correct and I apply for a license to operate the unit(s) listed above. Additionally, I certify that any vacant unit(s) comply with the regulations set forth in Article 1907 of Codified Ordinances of the City of Lebanon.

Date

Applicant's Signature

Make checks payable to the CITY OF LEBANON

Received: _____

Amount: _____

Date: _____