CITY OF GOSHEN

LICENSE APPLICATION RENTAL PROPERTY

In accordance with City of Goshen Ordinance# 01-2018 Requiring a License for Rental Property please complete the following application and return to City of Goshen by July 1st and no later than August 1st of each year along with a $100 license fee for each property. In addition tenant information must be kept up to date with changes throughout the year.

SECTION 1: APPLICANT AND CONTACT INFORMATION Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Rental Business or Landlord:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner Mailing Address Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

Property Manager Primary Contact Information Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION 2: RENTAL PROPERTY INFORMATION Property#1 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant Name as of July 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of occupants\_\_\_\_\_\_ Contact Phone Number for Tenant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # for $100 fee\_\_\_\_\_\_\_

Property#2 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant Name as of July 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of occupants\_\_\_\_\_\_ Contact Phone Number for Tenant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # for $100 fee\_\_\_\_\_\_\_

Property#3 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant Name as of July 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of occupants\_\_\_\_\_\_ Contact Phone Number for Tenant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # for $100 fee\_\_\_\_\_\_\_

Please mail completed application and license fees to: CITY of GOSHEN; PO BOX 112; Goshen, KY 40026

With questions you may contact the City of Goshen at 502-228-2377 M-TH 9-5 or email to info@cityofgoshen.com

For more information about the City of Goshen, please visit our website at CityOfGoshen.com