



RESIDENTIAL RENTAL LICENSE REGISTRATION APPLICATION
CITY of CAPE GIRARDEAU

COMMUNITY DEVELOPMENT DEPARTMENT, 44 N. LORIMIER, CAPE GIRARDEAU, MO 63701 (573) 339-6327 Opt. #5

New Application/Renewal Change Agent Update Contact Information Add/Remove Rental Property

Property Owner Name			Operator/Property Manager		
Mailing Address			Mailing Address		
Physical Address (if different from mailing address)			Physical Address (if different from mailing address)		
City	State	Zip Code	City	State	Zip Code
Telephone			Telephone		
Email			Email		
Federal Tax Identification No. (enter EXEMPT if not required)			Federal Tax Identification No. (enter EXEMPT if not required)		

I would like to receive renewal notices by email or by mail.

The Residential Rental License registration fee is \$53.00 yearly for 1-5 units/\$105.00 yearly for 6 units or more.

THIS SECTION TO BE SIGNED BY PROPERTY OWNER

I understand and acknowledge the requirements and responsibilities to obtain and maintain a Residential Rental License in the City of Cape Girardeau. I agree to grant the City of Cape Girardeau access to the interior and exterior of the listed property(ies) for the purpose of conducting compliance inspections. I understand that notice of violation may be served to me or my Authorized Agent and failure to comply with the noted requirements may result in my license being suspended or revoked. I certify that all information provided for application of Residential Rental License is accurate and true.

Property Owner Signature

Date

 Print **Property Owner's** Signature

THIS SECTION TO BE SIGNED BY PROPERTY OWNER (only if designating Operator/Property Manager)

I, the Owner, hereby designate the above named Operator/Property Manager as my Authorized Agent. Pursuant to the Code of Ordinances of the City of Cape Girardeau, this named Agent is authorized to submit forms on my behalf, make payments, receive notices, and grant the City of Cape Girardeau access to the interior and exterior of the listed property(ies) for the purpose of conducting compliance inspections.

Property Owner Signature

Date

 Print **Property Owner's** Signature

THIS SECTION TO BE SIGNED BY OPERATOR/PROPERTY MANAGER (if applicable)

I, the Operator/Property Manager, acknowledge the designation to act on behalf of the above named Owner for the listed property(ies) and accept responsibility to submit forms, make payments, receive notices, and grant the City access to the interior and exterior of the listed property(ies) for the purpose of conducting compliance inspections pursuant to the Code of the Ordinances City of Cape Girardeau. I understand and acknowledge the requirements and responsibilities to obtain and maintain a Residential Rental License with the City of Cape Girardeau on behalf of the Owner. I certify that all information provided for application of Residential Rental License is accurate and true.

Operator/Property Manager Signature

Date

 Print **Operator/Property Manager's** Signature

OFFICE USE ONLY

Received by: _____

Approved Denied

RENTAL PROPERTY(IES) - PLEASE LIST ALL RENTAL PROPERTIES OWNED AS PART OF THIS APPLICATION

Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units
Address	Number of Units

OWNERSHIP CHANGE(S) - PLEASE LIST ALL CHANGES TO PROPERTIES OWNED SINCE LAST APPLICATION

Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Address	Number of Units	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**IF ADDITIONAL SPACE IS NEEDED IN EITHER OF THE ABOVE SECTIONS
PLEASE ATTACH AN ADDITIONAL PAGE TO THIS APPLICATION**

Total Number of Units

Total Application/Renewal Fee
(1-5 units = \$53 yearly/6 + units = \$105 yearly)