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 $55.00 yearly for 1-5 units/$110.00 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

OWNERSHIP CHANGE(S) - PLEASE LIST ALL CHANGES TO PROPERTIES OWNED SINCE LAST APPLICATION		
Address	Number of Units	☐ **Add** ☐ **Remove**
Address	Number of Units	☐ **Add** ☐ **Remove**
Address	Number of Units	☐ **Add** ☐ **Remove**
Address	Number of Units	☐ **Add** ☐ **Remove**
Address	Number of Units	☐ **Add** ☐ **Remove**
Address	Number of Units	☐ **Add** ☐ **Remove**
Address	Number of Units	☐ **Add** ☐ **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 = $55 yearly/6 + units = $110 yearly)**	

Date received:_____ License No._____