THE CITY OF BROOKLYN
Building Department
7619 Memphis Avenue
Brooklyn, OH 44144
216-635-4203

FEE: $100.00 **APPLICATION FOR RENTAL DWELLING LICENSE FOR THE YEAR JULY 1, 2014 THROUGH JUNE 30, 2015**
Required by Brooklyn Codified Ordinances 1360.16

Please complete application and return with required fee within 30 days, or late fee will be required. INCOMPLETE APPLICATIONS WILL BE RETURNED.

PROPERTY OWNER(S):

RENTAL PROPERTY LOCATION:

HOME PHONE: (____) _____-_____ CELL PHONE: (____) _____-_____ WORK PHONE: (___) ____-_____

The information listed above is correct :(circle one)YES/ NO

If applicant / property owner information is different than what is indicated above, please complete the information below:
APPLICANT: MR. / MRS. / MS.: _____

ADDRESS: _____ CITY: _____

STATE: ____ ZIP: _____ HOME PHONE: (____) _____-_____ CELL PHONE: (____) _____

WORK PHONE: (____) _____-_____ FAX: (____) _____-_____

NATURE AND EXTENT OF APPLICANT'S INTEREST IN PROPERTY: _____
(Owner, Manager, Other)

TOTAL NUMBER OF DWELLING UNITS:_____ ROOMING UNITS:_____

The applicant hereby certifies that he / she is the applicant named above and that he / she is authorized by the owner(s) to operate the building above described in compliance with the City of Brooklyn Property Maintenance and Rental Licensing Code and with all laws, ordinances, rules, and regulations applicable to such building or its operation.

Date _____/_____/ 2014 _____ _____
(Signature of Applicant) **(Owner's Fed. I.D. or S.S. Number)**

PLEASE READ: Pursuant to Section 1360.16 any rental dwelling license not secured by July 15, 2014 shall incur a late fee of one hundred dollars ($100.00) per structure for which the rental dwelling license is required. Please contact the Building Department at (216) 635-4203 for further information.

The City of Brooklyn, Ohio accepts CHECK OR CREDIT CARD payments. Please DO NOT MAIL CASH PAYMENTS.
Cash payments accepted at the Building Department Monday – Friday 8:00 AM to Noon, and 1:00 PM to 4:00 PM.

Method of Payment: Cash _____ Check No. _____ MASTERCARD _____ VISA _____

Card number_____-_____-_____-_____ Card expires: _____/_____ 3 Digit Code : _____

Billing address: _____ Zip Code: _____
(Street address number)

Cardholder Name (Print):_____ Cardholder Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Amount paid: $_____._____ Late Fee: $_____._____ License Number: _____- RD
Date Issued: _____/_____/2014 License Issued By: _____