

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, 2016 THROUGH JUNE 30, 2017
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): MR. / MRS. / MS.: _____

ADDRESS: _____ CITY: _____

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

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

RENTAL PROPERTY LOCATION: _____

NATURE AND EXTENT OF APPLICANT'S INTEREST IN PROPERTY: _____

(Owner, Manager, Other)

TOTAL NUMBER OF DWELLING UNITS: _____

APPLICANT IF DIFFERENT THEN PROPERTY OWNER:

MR. / MRS. / MS.: _____ ADDRESS: _____

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

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

Agent in Charge if different then Owner:

MR. / MRS. / MS.: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Day Phone# _____ E-mail Address: _____

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 ____/____/2016 _____

(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, 2016 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: ____/____/____ Billing address zip code: _____
Cardholder Name (Print): _____ Cardholder Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Amount paid: \$ _____ Late Fee: \$ _____

License Issued By: _____ Date Issued: ____/____/2016