

**TOWN OF BLOOMSBURG
OFFICE OF ZONING & CODE ENFORCEMENT**

APPLICATION FOR RENTAL UNIT LICENSE

ADDRESS OF SUBJECT PROPERTY: _____
(ONLY ONE ADDRESS)

DESCRIPTION OF UNIT (Circle One): SINGLE, DOUBLE, APARTMENT, APARTMENT COMPLEX, DORMITORY, FRATERNITY, SORORITY, OTHER

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

NAME OF AGENT: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

IF PROPERTY IS OWNED BY A PARTNERSHIP OR A CORPORATION, THE NAMES AND ADDRESSES OF ALL PARTNERS IS REQUIRED. PLEASE PRINT NAMES AND ADDRESSES OF ALL PARTNERS OF A PARTNERSHIP OR CORPORATION ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION.

WAS UNIT PREVIOUSLY LICENSED: [] YES, LAST YEAR LICENSED: _____ [] NO

OFFICE USE ONLY:

License No(s): _____ Occupants: _____ Fees Paid: _____ Date: _____

IF UNIT IS AN APARTMENT, APARTMENT COMPLEX, DOUBLE HOUSE, ETC., PLEASE LIST OCCUPANCY OF **EACH UNIT** BELOW: Example: Apt. A, Rear Apt., 2nd Floor Apt., etc.

UNIT 1 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 2 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 3 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 4 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 5 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 6 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 7 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 8 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 9 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 10 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 11 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 12 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 13 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 14 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 15 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 16 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 17 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 18 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 19 _____	Number of Under Graduates _____	Number of Grads _____
UNIT 20 _____	Number of Under Graduates _____	Number of Grads _____

APPLICANT:

DATE

RECEIVED BY: TOWN OF BLOOMSBURG

DATE

NOTE: YOU MUST SUBMIT AN UPDATE WITHIN 15 DAYS OF ANY CHANGE IN TENANTS