

CITY OF BEDFORD
165 CENTER ROAD
BEDFORD, OHIO 44146

HOUSING CODE
APPLICATION FOR CERTIFICATE OF RENTAL LICENSE

YEAR _____

FOR THE PREMISES LOCATED AT:

ADDRESS: _____

(owner-occupied is not applicable)

1. Number of Dwelling Units: _____
2. Fee:
 - a. \$50.00 for **Single-Family**; \$75.00 for **Two-Family**; \$100.00 for **Three-Family** Dwelling Unit
 - b. \$20.00 for each Dwelling Unit (Projects or Structures with **Four or More** Units)
times _____ (Units) = \$ _____ (Total)

3. **Owner:**

Name: _____ Telephone (_____) _____

Address: _____

Email: _____ **Fax:** _____

Resident Agent:

Name: _____ Telephone (_____) _____

Address: _____

Email: _____ **Fax:** _____

Non-Resident Agent: (other than owner) - IF APPLICABLE

Name: _____ Telephone (_____) _____

Address: _____

Email: _____ **Fax:** _____

OCCUPANT/TENANT INFORMATION

ADDRESS OF RENTAL UNIT: _____

Occupant/Tenant

Suite No.

<u>Occupant/Tenant</u>	<u>Suite No.</u>
_____	_____
_____	_____
_____	_____
_____	_____

I declare under the penalties for perjury that this application has been examined by me and is true, correct and complete.

Signature _____ Date _____
Owner/Agent