

**CITY OF MINNEOLA  
RENTAL PROPERTY OWNER – LICENSE APPLICATION**

Date \_\_\_\_\_

NAME OF BUSINESS/OWNER: _____ BUS. PHONE # _____	
____ Incorporated    ____ Partnership    ____ Fictitious Name    ____ Sole Proprietor/Person/Landlord	
BUSINESS ADDRESS: _____	ZIP _____
MAILING ADDRESS: _____	ZIP _____

**OWNER'S INFORMATION (person who actually owns the property – this is where license will be mailed)**

PROPERTY OWNER: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_ FIN # \_\_\_\_\_

DL # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PH # \_\_\_\_\_

\_\_\_\_ NEW PROPERTY OWNER    \_\_\_\_ PROPERTY MANAGER

I AM THE OWNER OF THE FOLLOWING RENTAL PROPERTIES (list by address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

License Fee for multiunit buildings containing in excess of 5 units	\$20.00/unit
License Fee for buildings containing 2 to 5 units	\$30.00/unit
License Fee for single family dwelling	\$50.00/unit

TOTAL # OF PROPERTIES \_\_\_\_\_ AMOUNT DUE \$ \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Licenses must be renewed each year by September 30<sup>th</sup>.**

**PLEASE NOTIFY THIS OFFICE IMMEDIATELY IF YOU CHANGE YOUR NAME, ADDRESS, SERVICES,  
PHONE NUMBERS, OWNERSHIP, ETC.**

**FOR OFFICE USE ONLY**

Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Issued by \_\_\_\_\_ Date \_\_\_\_\_