



Application for Occupational License Rental Property

Date: _____ New: _____ Renewal: _____

Rental property address: _____ Number of units: _____

Business Name: _____ Federal ID number: _____

Business mailing address: _____

Check One: _____ Date started Business: _____

_____ Corporation _____ Sole Proprietor _____ Partnership _____ Not for Profit _____ LLC _____

Business phone: _____ Emergency phone: _____

Briefly Describe Purpose of Business: _____

Contact Information (Do not list references)

Owner: _____ Home phone: _____

Home address: _____

Emergency phone: _____ Email: _____

In Case of Emergency Contact: (information used only in an emergency event that is imperative that you be notified)

1. Name: _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Home address: _____

2. Name: _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Home address: _____

Fee Structure:

Use the annual gross receipts of your business for the preceding calendar year as shown by records on Federal and State tax returns to calculate the appropriate license fee. Check the appropriate line.

<u>Annual Gross Receipts</u>	<u>License Fee</u>
\$ 0.00 to 100,000	\$ 50.00 _____
100,001 to 1,000,000	100.00 _____
1,000,001 to 5,000,000	200.00 _____
5,000,001 and over	300.00 _____

A **PENILTY of 10%** applies if not renewed by the expiration date with an additional 1% per month for each additional month not renewed.

Rental Inspection Fees

1 to 9 units in the same building	\$30.00 per unit
10 or more units in the same building	\$25.00 per unit
Re-inspections	\$15.00 per re-inspection

Fee for an inspection includes the original inspection and one re-inspection. Residential Occupancy Inspections will be conducted every two (2) years as provided in Section 510.030.B of the Municipal Code, at the responsibility of the property owner to schedule inspections, unless exempt, as provided in Subsection B.2 of Section 510.030.B, **due to continuous occupancy**. Certification of continuous occupancy by the same tenant shall be **provided annually**.

Applicant Signature: _____ Date: _____

Print: _____



Exempt Properties Form

Please check and complete, if applicable:

_____ I the undersigned, declare that the following rental properties listed are exempt from inspection at this time pursuant to Section 510.030.B.2 of the Municipal Code or are occupied by HUD tenants:

<u>Property Address</u>	<u>Tenant Name</u>	<u>Date Occupied or HUD Inspected</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under penalties of perjury, I declare the above is correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Title: _____

City of Excelsior Springs Representative