



## City of Berkeley Police Department



### **RENTAL/LANDLORD LICENSE APPLICATION**

**PROPERTY ADDRESS:** \_\_\_\_\_

*If multiple buildings and/or units, please attached printed list to this application.*

**Occupied ☐ Vacant ☐** *(If multiple properties, please indicate by each property on attached list.)*

#### **Property Owner Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(Valid Street address is required. **DO NOT LIST POST OFFICE BOX**)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Designated Local Manager or Agent – if other than owner:**

Management Company (if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(Valid Street address is required. **DO NOT LIST POST OFFICE BOX**)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Emergency Contacts – Provide 3:**

Last Name, First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please ensure that all pages are completed. 1 of 2***

**After Hours Contact Information:**

Last Name, First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you own any other non-owner-occupied properties in the City of Berkeley other than the address(es) listed above?      YES ☐      NO ☐**

***\*If yes, complete the attached Additional Units Form or provide list of each unit's street address.***

I understand that the issuance of this license is conditional upon compliance with all City of Berkeley Ordinances, State and Federal laws, and successful completion of the Crime Free Rental Housing Code Section 500.165.

**I acknowledge that an Annual Exterior Inspection is required for all occupied rental properties which includes a \$100 fee that must be paid at time of Rental License renewal.**

**This inspection will be done between March 1<sup>st</sup> and August 31<sup>st</sup> at the Berkeley Inspector's discretion. (Property Owner not required to be in attendance.)**

**Inspection results will be sent to current email on file.**

**Failed inspections will be automatically be reinspected in 30 days.**

***(Please initial) \_\_\_\_\_***

***I acknowledge that this license expires on December 31<sup>st</sup> of this year and must be renewed annually.***

***(Please initial) \_\_\_\_\_***

I have read this application and answered all questions in full. The information submitted in this application is complete and truthful to the best of my knowledge.

***Name of Licensee:* \_\_\_\_\_**

***Licensee Role:***      Owner ☐      Manager ☐      Local Contact ☐

***Signature of Owner/Manager:* \_\_\_\_\_ *Date:* \_\_\_\_\_**

***Please ensure that all pages are completed.      2 of 2***