



City of Arlington
Code Compliance Services
Multi-Family Rental Property License Application*

GENERAL INFORMATION

Property Street Address: _____
(Physical Street Address of Property)

City: _____ State: _____ Zip Code: _____

Property Legal Description: _____

Property Name: _____
(Name of Property – Not Owner)

Property Telephone: _____ Property Fax: _____

Property Email: _____

APARTMENT BUILDING AND UNIT INFORMATION

How many buildings are on the property? _____ (Including office, pool, recreation center, laundry, etc.)

How many total dwelling units/apartments are on the property? _____

How many total:

One bedroom units: _____

Four bedroom units: _____

Two bedroom units: _____

Efficiency units: _____

Three bedroom units: _____

Owner occupied units: _____

Pool(s) Accessory building(s) Other: _____

* Required pursuant to Section 1401(G) of the City of Arlington Uniform Housing Code.

OWNER INFORMATION

Ownership type:

- | | |
|--|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Limited Liability Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Trust/Trustee |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Limited Partnership/Limited Liability | <input type="checkbox"/> Other: _____ |

DBA Owner Information (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Tax I.D. No.: _____

Owner #1 Information:

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Driver's License No.: _____ Issuing State: _____ Date of Birth: _____

Owner #2 Information (If Applicable):

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Driver's License No.: _____ Issuing State: _____ Date of Birth: _____

Owner #3 Information (If Applicable):

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Driver's License No.: _____ Issuing State: _____ Date of Birth: _____

Owner #4 Information (If Applicable):

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Driver's License No.: _____ Issuing State: _____ Date of Birth: _____

REGISTERED AGENT

If any owner permanently resides outside of Texas, that owner must designate an agent to receive service of legal notice.

Agent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Registered Agent for Owner:

Owner #1 Owner #2 Owner #3 Owner #4

MORTGAGEE INFORMATION

Mortgagee #1 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Mortgagee #2 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Mortgagee #3 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

LIENHOLDER INFORMATION

Lienholder #1 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Lienholder #2 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Lienholder #3 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Lienholder #4 (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

PROPERTY MANAGEMENT

Property Management Company (If Applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Property Manager (If Applicable):

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Driver's License No.: _____ Issuing State: _____ Date of Birth: _____

Onsite Manager (If Applicable)

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Driver's License No.: _____ Issuing State: _____ Date of Birth: _____

PROPERTY INSURANCE

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Agent Name: _____

Telephone: _____ Fax: _____

Email: _____

EMERGENCY CONTACT* INFORMATION

In the event of fire, natural disaster, flood, burst pipes, collapse hazard, violent crime or emergency conditions, who are the designated employees or authorized representatives assigned to respond during any twenty-four hour period of time?

Primary Contact:

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

Secondary Contact:

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence Telephone: _____

Cellular Telephone: _____ Fax: _____

Email: _____

*** At least one contact must be local**

ACKNOWLEDGMENT

Name

Signature

Date

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief. If an application does not include all required information, the application will be considered incomplete. Each multi-family license shall expire one year after issuance, unless revoked or suspended earlier, and may be renewed by application in accordance with the Arlington City Code. A multi-family license is nontransferable and cannot be used at different locations. If the multi-family ownership changes or the information on the multi-family license application form changes, then in that event, a new multi-family license must be obtained no later than thirty (30) days from the date that the change of ownership occurred or thirty (30) days from the date

the information became incomplete, inaccurate or obsolete. Failure to comply with this requirement may result in penalties as established by the Arlington City Code. Additional requirements and regulations regarding multi-family licenses may be found in Article XIV of the Uniform Housing Code of the Arlington City Code.

ADDITIONAL INSTRUCTIONS

Please Attach to Completed License Application:

- Copy of Proof of Ownership
- Copy of Proof of Insurance
- Copies of Driver's Licenses of All Owners and Managers

Mail Completed License Application and Attached Documents to:

City of Arlington, Compliance Services Department
P.O. Box 90231
MS 63-0700
Arlington, TX 76004