

LANDLORD BUSINESS PERMIT

Building Services 500 15th AVE SW Cedar Rapids, Iowa 52404
Housing (319) 286-5197 / Fax (319) 286-5830 / CED Main Line (319) 286-5831

CITY ISSUED LICENSE NUMBER: _____ --

(PLEASE PRINT)

Legal Owner Information: _____ Phone #: _____
Name

Address: _____
Street City State Zip

Email Address: _____ Secondary #: _____

SSN: _____ OR TAX ID# _____

(Second Owner If Applicable)

Billing Information Check if same as above

Legal Owner Information: _____ Phone #: _____
Name

Address: _____
Street City State Zip

Email Address: _____ Secondary #: _____

(If Applicable)

Property Mgmt / Operator Information: _____
Company Name

Contact Name/Registered Agent: _____; Tax ID #: _____

Business Address: _____

Phone # _____ Fax # _____ Cell # _____

Email Address: _____

Pursuant to Chapter 29 of the City of Cedar Rapids Municipal Code, Section 29.04 this application to be submitted to obtain a Permit to lease, rent or otherwise allow a dwelling unit or rental unit to be occupied for rental purposes. Should any Permit information change, the Housing Inspections Dept must be notified in writing or by re-submitting of this form within thirty (30) calendar days after the change occurs unless prior arrangements are made with this office. Failure to comply with the provisions of this chapter or to falsify any information on this application may result in the revocation, suspension or denial of this Permit. Fees, Fines and Penalties will be assessed in accordance to law. One time License Fee = \$50.00 shall be submitted at the time of application. Have you or your company ever been subject to denial, suspension, revocation or non renewal of a required City of Cedar Rapids Landlord/Operator Permit? Y / N if so, when? _____

Applicant Signature: _____ Date: _____
mm/dd/yyyy

OFFICIAL USE ONLY

APPLICATION RECEIVED: _____ APPLICATION APPROVED: Y / N If not, Why _____

License Officer Signature: _____ Date: _____