## **Residential Rental License Application**

## SUBMIT COMPLETED APPLICATION AND CHECK OR MONEY ORDER IN THE AMOUNT OF \$92.00 PAYABLE TO: CITY OF SUGAR LAND

IN PERSON:
City of Sugar Land/ Treasury
City of Sugar Land
Rental Licensing Program
Rental Licensing Program
2700 Town Center Blvd. N.
P.O. Box 110
Sugar Land, TX 77479
Sugar Land, TX 77487

## INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

| Address of Rental Pro<br>Is this a Renewal Appl |                    | No                 | _   | Is the Propert                      | y vacant?   | Yes       | No   |
|---|--------------------|--------------------|---|-------------------------------------|-------------|-----------|------|
|   | <u>OWNE</u>        | ER INFORMAT        | ION - Lice                                    | nse Number - R                      | enewal      |           |      |
| (A) OWNER/INDIVIDUAL                            |                    |                    | (B) OWNER COMPANY, CORPORATION PARTNERSHIP    |                                     |             |           |      |
| MAIL? Yes No                                    |                    |                    | (IF APPLICABLE) MAIL? Yes No                  |                                     |             | No        |      |
| Name:   |                    |                    | Name:   |                                     |             |           |      |
| Mailing Address:                                |                    |                    | Mailing Address:                              |                                     |             |           |      |
|   | I                  | Box/Unit/Apt:      |   |                                     | L           |           |      |
| City:   |                    |                    | City:   |                                     |             |           |      |
| State:  | Zip:               |                    | State:  |                                     |             | Zip:      |      |
| Date of Birth:                                  | l                  |                    | Agent/M                                       | anaging                             |             | <u>I</u>  |      |
|   |                    |                    | Partner:                                      |                                     |             |           |      |
| Driver's License #:                             | river's License #: |                    |   | Driver's License # : Date of Birth: |             |           |      |
| DL Issuing State:                               |                    |                    | Mailing Address To Accept Service of Process: |                                     |             |           |      |
| Primary Phone #:                                |                    |                    | Primary                                       | Phone #:                            |             |           |      |
| Secondary Phone #:                              |                    | Secondary Phone #: |   |                                     |             |           |      |
| Fax Number:                                     |                    | Fax Number:        |   |                                     |             |           |      |
| -Mail Address:                                  |                    | E-Mail Address:    |   |                                     |             |           |      |
| MANAGEMENT COM                                  | MPANY or El        | MERGENCY C         | ONTACT I                                      | NFORMATION                          | <u>N</u> MA | AIL? Yes_ | No   |
| Management Company:                             |                    |                    |   |                                     |             |           |      |
| Or Emergency Contact:                           |                    |                    |   |                                     |             |           |      |
| Agent's Name (Natural Pe                        | erson):            |                    |   |                                     |             |           |      |
| Address:  |                    |                    |   |                                     |             |           |      |
| City:   |                    | Zip:               |   |                                     |             |           |      |
| Primary Phone #:                                |                    | Secondary Phone #: |   |                                     |             |           |      |
| Email Address:                                  |                    |                    | Fax Number:                                   |                                     |             |           |      |
| OWNER OR AGENT SIGNATURE REQUIRED               |                    |                    |   | TLE                                 |             |           | DATE |