

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
 Rental Licensing Program
 2700 Town Center Blvd. N.
 Sugar Land, TX 77479

BY MAIL:

City of Sugar Land
 Rental Licensing Program
 P.O. Box 110
 Sugar Land, TX 77487

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

Address of Rental Property: _____
 Is this a Renewal Application? Yes _____ No _____ Is the Property vacant? Yes _____ No _____

OWNER INFORMATION

License Number -

(A) OWNER/INDIVIDUAL MAIL? Yes _____ No _____				(B) OWNER COMPANY, CORPORATION PARTNERSHIP (IF APPLICABLE) MAIL? Yes _____ No _____			
Name:				Name:			
Mailing Address:				Mailing Address:			
		Box/Unit/Apt:					
City:				City:			
State:		Zip:		State:		Zip:	
Date of Birth:				Agent/Managing Partner:			
Driver'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:			
E-Mail Address:				E-Mail Address:			

MANAGEMENT COMPANY or EMERGENCY CONTACT INFORMATION

MAIL? Yes _____ No _____

Management Company: _____

Or Emergency Contact: _____

Agent's Name (Natural Person): _____

Address: _____

City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____ Fax Number: _____

OWNER OR AGENT SIGNATURE REQUIRED

TITLE

DATE