



TOWN OF HOUSTON
EST. 1854



PO Box 196
Houston, DE 19954-2208
Website: townofhouston.com

APPLICATION FOR
RESIDENTIAL RENTAL OPERATING LICENSE
2017

Mail or present this application and fee established in **Chapter 175 Fees** per unit by December 31st, annually. Make check or money order payable to The Town of Houston.

PROPERTY OWNER INFORMATION

Landlord / Property Owner Name:

Mailing Address:

City, State, Zip:

Telephone Number(s):

*** CARETAKER INFORMATION**

Caretaker Name:

Mailing Address:

City, State, Zip:

Telephone Number(s):

* Caretaker may be property owner if residing within a twenty-five-mile radius of Houston, Delaware. Caretaker shall be an adult person(s) 18 years or older, and reside in such proximity to the Town as to allow them to meet with the Code Enforcement Official at the rental unit within 48 hours of receipt of notice. The caretaker shall be charged, by the owner, to make repairs to the rental unit, to maintain the premises and the common areas thereof, and to accept service of process on behalf of the owner.

RENTAL UNIT #1 INFORMATION

Mailing Address of Unit: _____

Responsible Party(s) on Lease: _____

Total Number of People Residing
in Unit, including minors : _____

Telephone Number(s): _____

RENTAL UNIT #2 INFORMATION

Mailing Address of Unit: _____

Responsible Party(s) on Lease: _____

Total Number of People Residing
in Unit, including minors : _____

Telephone Number(s): _____

RENTAL UNIT # 3 INFORMATION

Mailing Address of Unit: _____

Responsible Party(s) on Lease: _____

Total Number of People Residing
in Unit, including minors : _____

Telephone Number(s): _____

(Please use a separate sheet of paper for additional units.)

The undersigned applicant further states that he/she is knowledgeable of and has complied with and will continue to comply with all ordinances of the Town, including but not limited to: **Chapter 160: Residential Properties License; Chapter 400: Property Maintenance; and Chapter 550: Zoning.**

Property Owner Signature: _____

Printed: _____

OFFICE USE ONLY:

Received By: _____ **Date:** _____ **Check #** _____