

UPPER BERN TOWNSHIP RENTAL LICENSE APPLICATION

Property Location : _____

Owner of Record: _____ If Corporate owner, please provide a contact name: _____ Phone# _____

_____ Email: _____

Property Management Agent: _____ Phone # _____
_____ Email: _____

Name of the trash/ Recycling hauler responsible for this property: _____

Day of trash/recycling pickup: _____

Floor/Unit	List Occupants (Adults):	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF MORE ROOM IS NEEDED, PLEASE CONTINUE ON BACK OF APPLICATION.

Occupant information must be provided at the time you submit this application.

Please note:

1. Every dwelling unit or rooming unit offered for rent in Upper Bern Twp. must be licensed. See Twp. for list of fees.
2. A separate application and license are required for every parcel with rental units.
3. Failure to register within 30 days of purchase or occupancy will result in a fine.

(Print Application Name Below)

I, _____, certify that this application is correct and I apply for a license to operate the unit(s) listed above. Additionally, I certify that I will comply with the regulations set forth in Upper Bern Township's Ordinance 138-2016.

_____ Date Applicant's Signature _____

