



Multi-Family Dwelling License Application

This application is to be submitted for all **new** and **renewal** licenses and **within fifteen days** upon a change of ownership or a change in information. **It must be completed entirely before it can be processed.**

Date Submitted _____

PLEASE PRINT

PROPERTY OWNER / PROPERTY INFORMATION

Property Name: _____ Total # of Units: _____

Property Address (not a P.O. Box):

Street _____ Zip Code _____

Property Mailing Address (if different) :

City: _____ State: _____ Zip Code: _____

Office Phone: (____) _____ Fax: (____) _____

Email: _____ Website: _____

24 HOUR EMERGENCY CONTACT PHONE NUMBER: (____) _____

Property Owner Name: _____

Type of Business Entity: (sole proprietor, partnership, corporation, etc) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office phone: (____) _____ Cell phone: (____) _____

Fax phone: (____) _____ Email: _____

When the owner listed is a L.P., L.L.P., Corporation or L.L.C., provide the contact information below:

(Names, addresses, state-issued driver's license or identification number and date of birth are required for each president, partner and registered agent. Use additional pages as necessary.)

Name of Pres/CEO/Partner: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: ____ Exp Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Office phone: (____) _____ Cell (____) _____

Name of Agent: _____ Date of Birth: _____
Driver's License #: _____ Issuing State: ____ Exp Date: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
Office phone: (____) _____ Cell (____) _____

Regional Manager: _____ Date of Birth: _____
Driver's License #: _____ Issuing State: ____ Exp Date: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
Office phone: (____) _____ Cell (____) _____

Site Manager: _____ Date of Birth: _____
Driver's License #: _____ Issuing State: ____ Exp Date: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
Office phone: (____) _____ Cell (____) _____

Lender or Mortgage Holder: _____
Contact Person: _____ Office phone: (____) _____
Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Fax: (____) _____ Email: _____

Insurance Company: _____
Contact Person: _____ Office phone: (____) _____
Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Fax: (____) _____ Email: _____

Property Information

Total Number of Buildings: _____

Total Number of Units by category:

Efficiency Apartments _____ 1 bedroom _____

2 bedrooms _____ 3 bedrooms _____

Office _____ Laundry Rooms _____

Club house _____ Others _____

Current occupancy % _____

For complexes with a risk rating of 1, 2, or 3:

TOTAL # OF UNITS: _____ X \$1.50 PER UNIT X 12 MONTHS = \$ _____

For complexes with a risk rating of 4:

TOTAL # OF UNITS: _____ X \$3.00 PER UNIT X 12 MONTHS = \$ _____

I certify that the above information is correct and complete to the best of my knowledge and ability and that I am now or will be fully prepared to represent the above multi-family community. I acknowledge that I have received, reviewed and understand the requirements contained in Chapter 5 Building Regulations, Article VI Housing Code of the City of Hurst Ordinances, and agree to abide by the policies and procedures contained within the ordinance as a condition to receiving and maintaining a license.

Signature:

Property Owner / Representative Date

To be completed by City Staff:

Fee paid \$ _____ Check # _____ Date _____

Receipt # _____ Inspection Score _____ Inspector _____