

Multi-Tenant Registration Application



Account Number: _____
 Renewal New

IMPORTANT!!! - A CERTIFICATE OF REGISTRATION WILL NOT BE ISSUED UNTIL ALL CURRENT FEES AND FINES RESULTING FROM THE OPERATION OF THE MULTI-TENANT PROPERTY (OR PROPERTIES) ARE PAID OR SETTLED

(FOR OFFICE USE ONLY)

ACCOUNT NUMBER: _____ DATE PAID: ____/____/____
 LICENSE FEE PAID: \$ _____ INSTRUMENT NUMBER: _____
 INSTRUMENT TYPE: [] CK [] MO [] CC [] CASH
 PAYOR: _____
 (If different than customer/applicant, capture address, C/S/Z, phone number)
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ - _____ PHONE: (_____) _____ - _____

This application must be completed by the person who owns, operates, or controls the property, and returned with the applicable, nonrefundable fee of **\$10.00 per unit**, whether occupied or unoccupied. Please update any information that is incorrect on this application in the spaces provided below.

*Applicant's Name: _____ *Applicant's Phone No: _____

*Applicant's Address / Zip Code: _____

*Multi-Tenant Property or Properties owned by a(n): Individual Corporation Partnership Other: _____
 (Specify)

*Property Owner(s) of Record: _____

*Property Owner(s) Address: _____

*Property Owner(s) Business Phone: _____ Fax: _____ Email: _____

*If this property is owned by a corporation, provide the following information:

1. Name of Corporation's Registered Agent: _____ Phone: _____ Fax: _____

2. Registered Agent Address: _____

3. Name of Corporation's President: _____ Phone: _____ Fax: _____

4. Corporation's President Business Address: _____

*** Required Information – Application will not be accepted if this information is not provided. Put N/A if Non Applicable**

If property owned by a partnership or other business association, provide name, address and telephone number of a high managerial agent. "High Managerial Agent" means partner(s) in a partnership, officer(s) of a business association, director(s) of a business association, or any agent/employee who has the duties of such responsibility that the agent's/employee's conduct represents the policy of the partnership or business association.

Name(s) of High Managerial Agent(s): _____

Job Title of Managerial Agent(s): _____

Business Address(es) of High Managerial Agent: _____

Phone: _____

I am the person who owns, controls, or operates the Multi-Tenant property that is the subject of this application. I have read the completed application and know the same is true and correct and hereby agree that, if a certificate of registration is issued, I will comply with all applicable provisions of Chapter 27 of the Dallas City Code, as amended, and all applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operation of the Multi-Tenant property.

Signature of Owner/Operator/Person in Control (Required)

Driver's License or Identification Number – Issuing State (Required)

**Multi-Tenant Property Information Form
Attach to the Multi-Tenant Registration
Application**



Account No. _____
Customer No. _____

Renewal New

IMPORTANT!!! – A separate form must be completed for each Multi-Tenant Property being registered Use additional copies of this form to register more than one Multi-Tenant Property. Attach form(s) to the Multi-Tenant Registration Application.

*Name of Multi-Tenant Property: _____

*Also known as (Aka): _____

*Address of Multi-Tenant Property: _____

*Property Phone No: _____ Property Fax No: _____

Property E-Mail: _____

*No. of Buildings: _____ *No. of Dwelling Units: _____ *No. of Pools: _____ *No. of Spas: _____

*Total No. of Bedrooms: _____ (A unit with no separate bedroom will be counted as one bedroom)

*Current Occupancy Rate Expressed as a Percent: _____%

* Is the owner an entity? Yes No * If yes, a copy of the documents establishing the business must be submitted with this application

*Type of Property: Apartment Boarding Home Three-plex Four-plex Group Home Loft Town home
 Condo – Individual Unit (Suite) Numbers of Rental Units must be noted here _____

*Type of Boarding Home: Handicapped Group Dwelling Lodging or Boarding House Residential Hotel Group Residential Facility
 Extended Stay Hotel or Motel

*Property Manager's Name: _____ Phone _____

*Property Manager's Address: _____ Phone _____

*** Required Information – Application will not be accepted if this information is not provided. Put N/A if Non Applicable**

The Multi-Tenant manager / person in charge must also provide the following information if applicable:

Name of Property Lien holder(s): _____

Address of Property Lien holder(s): _____

Phone #'s' of Property Lien Holders: _____

Name of Insurance Provider: _____ Phone _____

Address of Insurance Provider: _____

Name of Crime Watch Attendant Designee: _____ Phone _____

Address of Crime Watch Designee: _____

Alternate Contact Name/Address/Phone _____

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Signature of Owner/Operator/Person in Control (Required)

Driver's License or Identification Number – Issuing State (Required)