

**CITY OF GAYLORD  
APPLICATION FOR RENTAL HOUSING LICENSE**

**Application for:**

NEW LICENSE

RENEWAL

***Applicant/Transferee Information***  
*Must be Owner of Real Property*

Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Individual

Partnership

Corporation

LLC

Trust

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

Contact Email: \_\_\_\_\_

***Local Caretaker – Must Reside within 50 Miles from Rental***  
*This may be the same as the owner if owner resides within 50 miles of rental.*

Contact Person: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

***Rental Property Information***

Address of Rental: \_\_\_\_\_

Unit No(s): \_\_\_\_\_

Max Occupancy: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

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Max Occupancy: \_\_\_\_\_

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Max Occupancy: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

***Type of Rental***

Long Term (rental term >30 consecutive days) |  Short Term (rental term < 30 consecutive days)

How many days is the property expected to be available for rent each year? \_\_\_\_\_

**You must include with this application the following, as applicable:**

**Non-Refundable Application Fee: \$25.00 (New Application or Renewal)**

Check should be made payable to *the City of Gaylord*.

No fees for additional rental properties if you already hold another valid rental property license.

*Attestation*

**I attest that the information in this application is true and accurate to the best of my knowledge information and belief, and swear to the following:**

- I have authority to execute this application on behalf of the applicant.
- I will operate the rental property identified in this application in compliance with the City of Gaylord Rental Housing Ordinance.
- I understand a failure to provide complete and accurate information will result in the denial of this application without refund of any sums paid to the City of Gaylord.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Title

State of \_\_\_\_\_ §

County of \_\_\_\_\_ §

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

Acting in the County of \_\_\_\_\_

Commission Expires: \_\_\_\_\_

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*DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY*

I received this application and the applicable fee, if any, on \_\_\_\_\_. Initial: \_\_\_\_\_

Approved/Denied:

Date:

Comments:

City Zoning Admin: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This license will expire on:** \_\_\_\_\_ *[five years from the date of issuance]*

*Return completed form to: [treasurer@cityofgaylord.org](mailto:treasurer@cityofgaylord.org)*