

CITY OF SHAMOKIN
Annual Landlord Registration/License Application
For Calendar Year 201__
 [Please print using black or blue ink]

A. Rental Property Information.

Property Address: _____ Shamokin, PA 17872
 Tax Parcel No.: _____
 Number of Units at this location: _____ @ \$25.00 per unit = _____

B. Owner/Landlord Information.

Name of Owner(s): _____
 Street Address (no P.O. Boxes alone): _____
 Telephone No.: _____ E-Mail: _____
 Owner is: Individual(s); Partnership; Corporation; Other (Specify): _____
 Does Owner reside within 20 miles of City of Shamokin? Yes No.

C. Property Manager Information.

This section must be completed if Owner/Landlord does not reside within 20 miles of City of Shamokin.

Check here if Not Applicable:

Name of Property Manager: _____
 Street Address (no P. O. Boxes alone) [must be within 20 miles of City of Shamokin]: _____
 Telephone No.: _____ E-Mail: _____

D. Tenant Information.

Complete and attach Tenant Information Sheet(s) so that every rental unit and every tenant residing at this location is listed.

E. Certification.

I certify that the information contained on this application and on the attached Tenant Information Sheet(s) is true and correct to the best of my knowledge and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C. S. §4904, relating to unsworn falsification to authorities.

 Signature of Owner/Landlord Title, if applicable Date

Completed Applications together with Applicable Fees may be delivered to or mailed to:
 Shamokin City Hall, 47 East Lincoln Street, P. O. Box Q, Shamokin, PA 17872
 570-644-0876

OFFICIAL USE ONLY

Street _____

N/S/E/W _____

Postal No. _____

Landlord/Owner Name _____

Lic. No. _____

Date Issued _____

License Info: _____

\$ _____ Fee Paid

CITY OF SHAMOKIN
Tenant Information Sheet
For Calendar Year 201__
 [Photocopy this Sheet if additional Pages are needed]

Property Address: _____

Name of Owner/Landlord: _____

Unit No. _____ Maximum No. of Tenants: _____ Actual No. of Tenants: _____

Tenant Name	Adult (Y/N)	Occupation (if adult)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unit No. _____ Maximum No. of Tenants: _____ Actual No. of Tenants: _____

Tenant Name	Adult (Y/N)	Occupation (if adult)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unit No. _____ Maximum No. of Tenants: _____ Actual No. of Tenants: _____

Tenant Name	Adult (Y/N)	Occupation (if adult)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____