



**MILFORD CITY RENTAL DWELLING BUSINESS LICENSE
APPLICATION
Form Number 77**

This application must be completed in order to receive license

Failure to complete this application in full will result in the application being returned unprocessed

Date of Application				
Property Owner/Applicant Information				
Owner Name:			SSN:	
Physical Address:			City, State, & Zip:	
Mailing Address:			City, State, & Zip:	
Home Phone:			Cell Phone:	
Fax:			Email Address:	
Property Manager Information				
Manager Name:				
Physical Address:			City, State, & Zip:	
Mailing Address:			City, State, & Zip:	
Business Phone:			Cell Phone:	
Home Phone:			Fax:	
Rental Property Information				
Address of Rental Dwelling Unit(s)	Occupied Yes or No	# of Rental Units	# of Parking Spaces	Type of Dwelling (single family, apartment, duplex etc.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

