



# The City Of Zillah

THE HEART OF WINE COUNTRY

## Residential Rental Operating Renewal License Application

Phone 509-829-5151 Fax (509) 829-5457

**OWNERS TO COMPLETE APPLICATION AND LIST EACH RENTAL PROPERTY (on back of sheet) AND SUBMIT LICENSE FEE**

### Section1 - Owner Information

Name of Person or Business: _____				
(Required)	First,	MI,	Last	or Chief Operating Officer/Partnership /Owner
General Phone (Day)#: _____				
Emergency Phone (Nights and Weekends) #: _____				
Owners Address: Street/Suite _____				
City: _____, State: _____, Zip Code: _____				
Driver's License Number and State: _____				
Date of Birth: _____				

### Section 2 - Person Responsible for Maintenance & Management

Enter below the requested information for the person responsible for maintenance and management of this property. This person must reside within the Yakima County/ Tri-Cities Area. A post office box or commercial mail service box is not acceptable as an address for such person.

Manager/Contact Name: _____	
Manager/Contact Phone (Day)#: _____	
Managers/Contact Phone (Nights and Weekends) #: _____	
Managers/Contact Address: Street/Suite _____	
City: _____	
County: _____	
State: _____	
Zip Code: _____	

### Section 3 – General Property Information

<b>Number of Total Rental Units:</b> _____ Dwelling Units _____ Rooming Units
<b>Are any of the units within the property Owner Occupied?</b> _____ Yes _____ No
<b>Definitions:</b>
<i><u>DWELLING UNIT:</u> Any habitable room located within a dwelling and forming a single habitable unit with facilities which are used or intended to be used for sleeping, cooking and eating.</i>
<i><u>ROOMING UNIT:</u> Any room or group of rooms forming a single habitable unit used or intended to be used for living and sleeping, but not for cooking of meals.</i>

### Section 4 Signature of Property Owner

*I hereby authorize official personnel of the City of Zillah, including the Fire Chief, Building Official or his designee, to enter and inspect, as often as necessary, the above described business premises if located within the Zillah City limits for the purpose of ascertaining and causing to be corrected any violation of the Uniform Fire Code or other Code or Ordinance of the City of Zillah.*

*I the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.*

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

# Individual Property Identification

**Number and Street Address:** \_\_\_\_\_  
**Property (Parcel #) :** \_\_\_\_\_ - \_\_\_\_\_ - The digits are located on your Tax Assessor Bill  
Example (201100-00000)  
Total # of Units on Parcel: \_\_\_\_\_  
Manager/Contact Name: \_\_\_\_\_  
Manager/Contact Phone (Day)#: \_\_\_\_\_

**Number and Street Address:** \_\_\_\_\_  
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If additional units are owned, please copy this sheet and attach to application