

**TOWN OF ELSMERE  
RESIDENTIAL RENTAL LICENSE APPLICATION**

**OFFICIAL USE ONLY**

Tax Check:  OK    Delinquent \$ \_\_\_\_\_    Date checked: \_\_\_\_\_    By: \_\_\_\_\_    Customer ID: \_\_\_\_\_    Lic. No. Issued: \_\_\_\_\_  
 Lease Provided:     Pest Inspection Provided:     Date of Pest Inspection: \_\_\_\_\_    Landlord Tenant Summary:     Vehicle Registration:     Vehicle Color: \_\_\_\_\_  
 APPROVED \_\_\_\_\_    NOT APPROVED (reason) \_\_\_\_\_    Code Official: \_\_\_\_\_    Date: \_\_\_\_\_

**Rental Property Address:**

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tax Parcel Number \_\_\_\_\_  
 Type of Property:  
 Single Family Home \_\_\_\_\_ Apartment \_\_\_\_\_  
 Business \_\_\_\_\_ Other \_\_\_\_\_  
 Number of Units:  
 Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Total \_\_\_\_\_

**Property Owner:**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Owners Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**Management Company (if applicable):**

Name: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Elsmere Business License Number: \_\_\_\_\_

**Residential Rental Unit**

Unit Number: \_\_\_\_\_ Date of occupancy (Month/Year): \_\_\_\_\_  
 Primary Occupant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_  
 Other Occupants' Names: \_\_\_\_\_  
 Total Number of Occupants: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

**Additional units require a separate application**

**READ THIS**

The following information must accompany this application or a statement indicating the unit is vacant:

- A copy of the lease or agreement between the tenant and owner of each rental unit
- A copy of a signed document stating that the owner has provided the tenant with a Summary Document of the Delaware Landlord Tenant Code
- A copy of the registration and color of all vehicles that will be kept at the property
- proof that a pest inspection has been performed within 15 days of the occupancy date within the unit to be occupied

Pre-Rental Inspections and Certificates of Occupancy are required prior to any change in tenant. No Pre-Rental Inspection will be scheduled until the above information has been provided to the Code Enforcement Department.

***I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I am aware that I am required to notify the Town of Elsmere should any changes to the above information occur. I further certify that I am aware that this is a license and that a Certificate of Occupancy is required prior to occupancy or any change in occupancy.***

\_\_\_\_\_   
Owner's Signature

\_\_\_\_\_   
Date

**TOWN OF ELSMERE  
COMMERCIAL RENTAL LICENSE APPLICATION**

**OFFICIAL USE ONLY**

Tax Check:  OK  Delinquent \$ \_\_\_\_\_ Date checked: \_\_\_\_\_ Lic. No. Issued: \_\_\_\_\_  
 By: \_\_\_\_\_ Customer ID: \_\_\_\_\_  
 Tenant Business License No. \_\_\_\_\_ Date: \_\_\_\_\_  
 Code Official: \_\_\_\_\_  
 Lease Provided:   NOT APPROVED (reason) \_\_\_\_\_  
 APPROVED \_\_\_\_\_

**Rental Property Address:**

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tax Parcel Number \_\_\_\_\_  
**Type of Property:**  
 Single Family Home \_\_\_\_\_ Apartment \_\_\_\_\_  
 Business \_\_\_\_\_ Other \_\_\_\_\_  
**Number of Units:**  
 Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Total \_\_\_\_\_

**Property Owner:**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Owners Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**Management Company (if applicable):**

Name: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Elsmere Business License Number: \_\_\_\_\_

**Commercial Rental Unit**

Unit Number: \_\_\_\_\_ Date of occupancy (Month/Year): \_\_\_\_\_  
 Primary Occupant's/Business Name: \_\_\_\_\_  
 Phone Number : \_\_\_\_\_ Square Footage of Unit: \_\_\_\_\_ Type of Business Being Performed: \_\_\_\_\_  
 Total Square Footage of Structure: \_\_\_\_\_ Total Number of Tenants Occupying Structure: \_\_\_\_\_

**Additional units require a separate application**

**READ THIS**

The following information must accompany this application or a statement indicating the unit is vacant:

- A copy of the lease or agreement between the tenant and owner of each rental unit
- Copy of the tenants Town of Elsmere Business License

Pre-Rental Inspections and Certificates of Occupancy are required prior to any change in tenant. No Pre-Rental Inspection will be scheduled until the above information has been provided to the Code Enforcement Department.

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\_\_\_\_\_  
 Owner's Signature

\_\_\_\_\_  
 Date