

TOWN OF WYOMING LANDLORD LICENSE APPLICATION

The undersigned applicant, as the authorized owner and or agent, hereby makes an application in accordance with Ordinance #10-7 of the Town of Wyoming for a landlord license from **Oct. 1, 2015 to expire on September 30, 2016** and submit the following information:

Applicant's Name: _____

Home Owner if different: _____

Applicant's Full Address: _____

Telephone Number(s): _____

	<u>#</u>	<u>Rental Unit Address</u>
# of Single Family Homes	_____	_____
# of Townhomes	_____	_____
# of Duplex total units	_____	_____
# of Apartments	_____	_____

If more than one address, please write additional addresses on back.

MY SIGNATURE INDICATES THAT I AM IN COMPLIANCE WITH ALL TOWN & ZONING ORDINANCES AND I AM CURRENTLY LICENSED BY THE APPROPRIATE STATE(S).

Applicant's Signature: _____ Date: _____

For Office Use Only:

Town Clerk/Notary Signature: _____ Date: _____

Date Paid: _____ Payment Method & #: _____

Amount: _____ License#: LL _____