

CITY OF SCRANTON

APPLICATION FOR RENTAL LICENSE

LICENSE WILL NOT BE PROCESSED UNLESS APPLICATION IS FILLED OUT IN FULL

Address of Rental Unit: _____
Name of Owner: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
If owner is a Business,
name of contact person: _____
Number of Units: _____

CITY OF SCRANTON ORDINANCE requires a local agent if owner does not live within a twenty (20) mile radius of the City:

Name of Agent: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
If owner is a Business,
name of contact person: _____

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18PA. C.S. 4903 and 4904 if I have provided false answers and statements.

Signature of Owner or Authorized Agent

Date

ATTACHMENTS REQUIRED (For Department use only)

Certificate of Insurance Copy of Lease Application Fee \$ _____

Garbage Fee Paid Previous Year Yes No City Taxes Paid Previous Year Yes No

Sewer Fee Paid Previous Year Yes No Tax Bill Number: _____