



Provo City Corporation  
 Rental Dwelling Business License Application  
 351 West Center  
 P.O. Box 1849  
 Provo, Utah 84603  
 PH: (801) 852-6532 FAX: (801) 852-6530

<b>(Office Use Only)</b>	
License Number	_____
Date of Application	_____
NAICS Code	_____
Closure Date	_____
License Fee	_____
Receipt Number	_____

**PROPERTY OWNER INFORMATION FORM**

Section 1: Business Entity Information

Business Name:			
Address:			Business Telephone: ( )
City:	State:	Zip Code:	Fax Number: ( )
Mailing Address:			Cellular Telephone:( )
City:	State:	Zip Code:	
Entity Type:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership (LP)	
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation	
Sub Entity Type:			
<input type="checkbox"/> Foreign (domiciled outside of Utah)		<input type="checkbox"/> Doing Business As (DBA)	
Application Type:			
<input type="checkbox"/> New Application		<input type="checkbox"/> Ownership Change	

Section 2: Utah Division of Corporations Owner/Agent Information

Owner/Officer Name:			
Title:		D.O.B.:	Business Telephone: ( )
Address:			Home Telephone: ( )
City:	State:	Zip Code:	Cellular Telephone:( )
Registered Agent:			Business Telephone: ( )
Address:			Home Telephone: ( )
City:	State:	Zip Code:	Cellular Telephone:( )

Section 3: Local Agent Information

**Complete this section if the owner of the rental dwelling is not a Utah resident.**

Legal Rep/Agent Name (with power of attorney):			Business Telephone: ( )
Address:			Home Telephone: ( )
City:	State:	Zip Code:	Cellular Telephone:( )

This form is an application for a rental dwelling business license. As the property owner or responsible agent, I (we) hereby certify, to the best of my knowledge or belief, that the information submitted in this application is accurate; that the use and occupancy of the rental dwelling(s) conforms to the applicable ordinances; and I agree to comply with the applicable ordinances.

Signed by:	
Date:	Title:

IF THERE ARE ANY CONFLICTS BETWEEN THIS FORM AND CHAPTER 6.26 OF THE PROVO CITY CODE, CHAPTER 6.26 SHALL PREVAIL.

(When a license is issued, it will be valid from the date of approval through December 31st of the current year)



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**PROPERTY INFORMATION FORM**

*One Form Must be Completed for Each Property Location*

Property Information

**Local Agent/Manager Information** ( a local agent/manager must reside within 20 miles from the rental dwelling).

Property Name: (if applicable) \_\_\_\_\_

Property Manager Name: \_\_\_\_\_ Business Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cellular Telephone: (    ) \_\_\_\_\_

Liability Insurance Information:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complex Information

Number of Buildings at Legal Address \_\_\_\_\_ Rental Dwelling Type:

Occupancy Status:  Condo     Duplex     Triplex     Fourplex  
 Singles     Family     Both     Single Family Dwelling     Apartment (5 or more units)

Individual Building Information

If you own multiple properties in different locations you must complete a separate **Property Information Form** for each location. Please do not list multiple buildings in this section unless they are part of a complex.

Building	Address	Number of Dwelling Units	Number of Occupants Per Unit (N/A Family)	Number of Parking Stalls Per Bldg	Parcel Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

If a complex has more than 10 buildings, please attach additional Property Information Forms (complete building information only).

Property Owner Notes or Explanations: \_\_\_\_\_

Office Use Only

Approvals:    Zoning Division    \_\_\_\_\_    Date \_\_\_\_\_  
                   Building Inspection    \_\_\_\_\_    Date \_\_\_\_\_

Comments or Conditions: \_\_\_\_\_

Zone \_\_\_\_\_ SLU \_\_\_\_\_

Additional Owner/Officer Information

Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	
Owner/Officer Name:			Title:	D.O.B.:
Address:			Home Telephone: (    )	
City:	State:	Zip Code:	Business Telephone: (    )	