

**MAIL COMPLETED APPLICATION AND CHECK OR MONEY ORDER
IN THE AMOUNT OF \$80.00 PAYABLE TO:**

City of Sugar Land
Community & Environmental Services
2700 Town Center Blvd. N.
Sugar Land, TX 77479

Application# _____

Application For Residential Rental Property License

INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED.

Address of Single Family Rental Property: _____ Renewal: Yes No
Vacant: Yes No

OWNER INFORMATION

(A) OWNER/INDIVIDUAL				(B) OWNER COMPANY, CORPORATION PARTNERSHIP (IF APPLICABLE)			
Name:				Name:			
Residence Address:							
			Box/Unit/Apt:				
City:				City:			
State:		Zip:		State:		Zip:	
Date of Birth:				Agent/Managing Partner:			
Driver's License #:				Driver's License # :		Date of Birth:	
DL Issuing State:				Mailing Address To Accept Service of Process :			
Primary Phone #:				Primary Phone #:			
*Secondary Phone #:				*Secondary Phone #:			
*Fax Number:				*Fax Number:			
*E-Mail Address:				*E-Mail Address:			

MANAGEMENT COMPANY or EMERGENCY CONTACT INFORMATION:

Management Company/Emergency Contact: _____

Agent's Name (Natural Person): _____

Address: _____

City: _____ Zip: _____

Primary Phone #: _____ *Secondary Phone #: _____

*Email Address: _____ *Fax Number: _____

OWNER OR AGENT SIGNATURE

TITLE

DATE

* Optional Information Field