# APPLICATION FOR TENANT REGISTRATION LICENSE
# ORDINANCE NO. 1494

2016

**BOROUGH OF DORMONT**
**1444 Hillsdale Avenue · Pittsburgh, PA 15216**
**(412) 561-8900 · Fax: (412) 561-7805**

**Name of Owner** _____

**Address of Owner** _____

**City** _____**State** _____ **Zip**_____ **Phone (  )** _____

| Address (Number & Street) | # Units | x $10 / Unit |
|---|---|---|
| | | $ |

□ **Minimum one approved fire extinguisher/unit** □ **Minimum one approved smoke detector/unit**

**Management or Agent responsible for building-IF different from owner**

**Name** _____

**Address** _____ **24 Hour Phone (  )** _____

**City** _____ **State** _____ **Zip Code** _____

***Issuance of this license in no way implies exemption from State or Federal laws. All rental properties within the Borough of Dormont must comply with all requirements set forth in the Building and Zoning Codes. This license is valid for one Fiscal Year (from January 1 through December 31).***

_____ _____

**Signature of Applicant** **Date**

- **LIST NAMES AND PHONE NUMBER OF TENANTS ON REVERSE SIDE**
- **ENCLOSE SELF-ADDRESSED, STAMPED ENVELOPE, IF RENTAL RECEIPT IS REQUESTED**
- **IF YOU HAVE RECENTLY SOLD YOUR PROPERTY OR NO LONGER RENT: PLEASE RESPOND IN ORDER TO AVOID FURTHER NOTICES**
- **MAIL TO THE ATTENTION OF TENANT REGISTRATION**

**PAYMENT BY CREDIT CARD**

**Check One:** □ **Visa** □ **Mastercard** □ **Discover** □ **MAC** **Exp. Date:** _____

**Credit Card Account #** _____ **Signature:** _____

## ONE ADDRESS/BUILDING PER APPLICATION

**APPLICATION WILL BE REJECTED IF TENANT NAMES & NUMBERS ARE NOT COMPLETE**

**FOR OFFICE USE ONLY**

**Date Payment Received** _____ **Amount** _____ **Ck #** _____

**License No.** _____ **Initials** _____

| | | |
|---|---|---|
| **Tenant Name** | **House or Apt. Number** | **Telephone (REQUIRED)** |
| | | |
| | | |
| | |