

BOROUGH OF LANSFORD

1 West Ridge Street, Lansford, PA 18232

Phone: 570.645.3900

Monday – Friday 8:00 a.m. – 4:30 p.m.

Email: contactus@lansfordboro.com

Webpage: www.boroughoflansford.com

RENTAL LICENSE APPLICATION

INCOMPLETE SUBMISSIONS WILL BE REJECTED AND RETURNED FOR RESUBMISSION.

SECTION 1 – APPLICANT INFORMATION

- **License Number (Assigned by the Borough):** _____
 - **Property Owner(s):** _____
 - **President of LLC/Corporation** _____
 - **Mailing Address:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

SECTION 2 – PROPERTY INFORMATION

- **Rental Property Address:** _____
 - **Type of Property:**
 - ☐ Single-Family
 - ☐ multi-family
 - ☐ Duplex
 - ☐ Apartment
 - ☐ Other: _____
 - **Parcel / Tax ID Number:** _____
-

SECTION 3 – OCCUPANCY INFORMATION

LIST ALL TENANT(S) / OCCUPANT(S) INFORMATION {Everyone 18 years of age and older}:

- 1 Name: _____
- 2 Name: _____

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LIST ALL TENANT(S) / OCCUPANT(S) INFORMATION {Everyone 18 years of age and older}:

3 _____ Name: _____

4 _____ Name: _____

Attach additional sheets if necessary.

SECTION 4 – PROPERTY MANAGEMENT

- **Manager Name:** _____
 - **Manager Address:** _____
 - **Manager Email:** _____
 - **Emergency Contact:** (____) _____
 - **Maintenance Contact:** (____) _____
-

SECTION 5 – REQUIRED DOCUMENTATION

☐ **Proof of Liability Insurance (must be attached to application)**

☐ **Payment of License Fee. Please select one option: (attach a copy of the payment)**

- ☐ Check/Money Order
 - ☐ Credit/Debit Card
 - ☐ Online Payment
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SECTION 7 – CERTIFICATION & SIGNATURE

I hereby certify that the information provided is accurate and truthful to the best of my knowledge. I also confirm that the rental property will comply with all

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applicable borough ordinances. I understand that providing false information may result in the denial or revocation of the rental agreement.

- Signature of Owner: _____
 - Printed Name: _____
 - Date: _____
-

OFFICE USE ONLY

- Date Received: _____