



**THE CITY OF MAYFIELD HEIGHTS ~ BUILDING DEPT.**

6154 Mayfield Road - Mayfield Heights, Ohio 44124-3296  
Phone: 440/442-2626, x281 Fax: 440/442-7662

**RENTAL LICENSE APPLICATION**

(please print or type)

**LICENSE FEES:**

**House: \$50.00/unit**

**Condo: \$20.00/unit**

**STREET ADDRESS:** \_\_\_\_\_

**OWNER OF RECORD:** \_\_\_\_\_

Owner Address: (no PO Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**1341.011; Housing License** No person shall let, rent, lease, conduct, operate, occupy, maintain or own any building or portion of any building, in which there is one or more rental dwelling units or in which a rooming house is operated, or own any interest therein, unless a housing license, as provided in this chapter, has been applied for, issued, and is in force.

I declare under penalty of perjury that this application has been examined by me and is true, correct, and complete.

Signature of Owner or Agent: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

➤ Any questions please call Chris Corrigan, Housing Manager at 440-442-2626, Ext. 281.

**\*FEES VALID THROUGH JANUARY 31, 2023\***

Please fill out tenant information on the back of this form.

# Tenant Information Worksheet

#Bedrooms \_\_\_\_\_ # Adults \_\_\_\_\_ # Children \_\_\_\_\_ Unit Number: \_\_\_\_\_

Names of Adults:

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Names of Children:

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#Bedrooms \_\_\_\_\_ # Adults \_\_\_\_\_ # Children \_\_\_\_\_ Unit Number: \_\_\_\_\_

Names of Adults:

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Names of Children:

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