



RESIDENTIAL RENTAL LICENSE APPLICATION

BOROUGH OF MACUNGIE
21 LOCUST STREET
MACUNGIE, PA 18062
Phone: 610-966-2503

BOROUGH USE ONLY

LICENSE # RL _____

Email: zoning@macungie.pa.us

DATE RECEIVED: ___/___/___

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

A: PROPERTY INFORMATION

COMPLETE 1 FORM FOR EACH RENTAL UNIT

ST NUMBER: _____ STREET: _____ APARTMENT / UNIT NO: _____

CITY: _____ STATE: _____ ZIP: _____

IS THIS A SINGLE FAMILY DWELLING YES NO NUMBER OF OCCUPANTS _____

B: APPLICANT INFORMATION

APPLICANT IS: OWNER AGENT OTHER EXPLAIN: _____

NAME: _____ E-MAIL: _____ PHONE: () - _____

ST NUMBER: _____ STREET: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

****REQUIRED ON ALL APPLICATIONS**

C: OWNER INFORMATION CHECK HERE IF SAME AS APPLICANT

IF SAME AS APPLICANT
SKIP SECTION C.

NAME: _____ E-MAIL: _____

ST NUMBER: _____ STREET: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

****REQUIRED ON ALL APPLICATIONS**

D: ADDITIONAL OWNER INFORMATION

LIST INFORMATION FOR ALL ADDITIONAL OWNERS
USE SEPARATE SHEET IF NECESSARY

NAME: _____ PHONE: () - _____ E-MAIL: _____

ST NUMBER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: () - _____ E-MAIL: _____

ST NUMBER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: () - _____ E-MAIL: _____

ST NUMBER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: () - _____ E-MAIL: _____

ST NUMBER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: () - _____ E-MAIL: _____

ST NUMBER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____

D: AGENT INFORMATION

IS THERE A LOCAL AGENT RESPONSIBLE FOR THIS PROPERTY
IF YES, COMPLETE SECTION D

COMPANY NAME: _____ E-MAIL: _____

AGENT NAME: _____ PHONE: () - _____

ST NUMBER: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____

(OVER)

E: TENANT INFORMATION

LIST THE NAMES OF ALL ADULT TENANTS (18 & up) AND THE NUMBER OF MINOR CHILDREN IN THIS DWELLING UNIT

LAST NAME: _____ FIRST NAME: _____

LAST NAME: _____ FIRST NAME: _____

LAST NAME: _____ FIRST NAME: _____

LAST NAME: _____ FIRST NAME: _____

LAST NAME: _____ FIRST NAME: _____

LAST NAME: _____ FIRST NAME: _____

NUMBER OF MINOR CHILDREN: _____



OFFICE USE ONLY

DEPARTMENT	APPROVED	DENIED	N/A	DATE
ZONING				
BCO				
ENGINEER				
MANAGER				

INITIAL THE APPROPRIATE BLOCKS

F: LICENSE INFORMATION

ISSUED BY: _____

SIGNATURE: _____

ISSUE DATE: _____ EXP. DATE: _____