



2021 RESIDENTIAL RENTAL OPERATING LICENSE APPLICATION

Please mail or present this application together with the appropriate fee of **\$50.00 per unit** made payable to:

The City of Milford
180 Vickers Drive
Milford, DE 19963
RE: RENTAL LICENSE

For more information, please visit our website at www.cityofmilford.com or contact ***Enforcement & Inspections Department at 302-424-8396***

PROPERTY OWNER INFORMATION

Landlord/Property Owner Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Email: _____

*CARETAKER INFORMATION

Caretaker Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

* Caretaker may be property owner if residing in Greater Milford Area. Caretaker shall be an adult person(s) 18 years or older, and reside in such proximity to the City as to allow them to meet with the Code Enforcement Official at the rental unit within 48 hours of receipt of notice. The caretaker shall be charged, by the owner, to make repairs to the rental unit, to maintain the premises and the common areas thereof, and to accept service of process on behalf of the owner.

~OVER~

RENTAL UNIT #1 INFORMATION

Mailing Address of Unit: _____

Responsible Party(s) on Lease: _____

Total Number of People Residing in Unit, including minors: _____

Telephone Number: _____

RENTAL UNIT #2 INFORMATION

Mailing Address of Unit: _____

Responsible Party(s) on Lease: _____

Total Number of People Residing in Unit, including minors: _____

Telephone Number: _____

RENTAL UNIT #3 INFORMATION

Mailing Address of Unit: _____

Responsible Party(s) on Lease: _____

Total Number of People Residing in Unit, including minors: _____

Telephone Number: _____

(Please use a separate sheet of paper for additional units.)

I/we the owner(s) of a rental or rental properties on the above referenced tax parcel number acknowledge that the rental unit(s) must at all times be in compliance with Chapter 174 (Property Maintenance), including the 2015 International Property Maintenance Code (IPMC), Chapter 230 (Zoning) and other City ordinances.

Property Owner Signature: _____

Date: _____

OFFICE USE ONLY:

Received By: _____ Date: _____ Check #: _____ Amount: _____