



**CITY OF FLORISSANT**  
**DEPARTMENT OF PUBLIC WORKS**

955 RUE ST FRANCOIS  
 FLORISSANT, MO 63031  
 (314) 839-7648 // publicworks@florissantmo.com

/ /
Submission Date

**RESIDENTIAL RENTAL LICENSE APPLICATION**

**INSTRUCTIONS**

Owner Organizations must complete both **SECTIONS 1A** and **1B**. Individual Owners complete **SECTION 2** in its entirety. If the owner resides more than 50 miles outside of Florissant you must complete **SECTION 3** – Property Manager information. A \$50 fee applies to each rental unit. If any changes occur, the owner or representative must file an amended application immediately. (Code Sec. 605.456 para. B, **Incomplete applications will be rejected**)

**SECTION 1A - OWNER ORGANIZATION INFORMATION**

Owner Organization (Full Legal Name)	Primary Phone Number	Secondary Phone Number	
Mailing Address (St#, Direction, Name, St Type, Apt/Suite)	City	State	Zip Code

**SECTION 1B - RESPONSIBLE PARTY FOR ORGANIZATION INFORMATION (NOT THE PROPERTY OVERSIGHT)**

Name (First, Middle, Last, Suffix)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Driver's License #	State	Date of Birth / /
Mailing Address (St#, Direction, Name, St Type, Apt/Suite)	City		State	Zip Code
Email Address	Primary Phone Number	Secondary Phone Number		

I, the Responsible Owner, have completed all owner information and have verified the listed Property Address(es) on the back of this form.

Signature	Date / /	All fields must be complete and copy of Photo ID must be attached to submit this application.
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**SECTION 2 - INDIVIDUAL OWNER INFORMATION**

Name (First, Middle, Last, Suffix)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Driver's License #	State	Date of Birth / /
Mailing Address (St#, Direction, Name, St Type, Apt/Suite)	City		State	Zip Code
Email Address	Primary Phone Number	Secondary Phone Number		

I, the Responsible Owner, have completed all owner information and have verified the listed Property Address(es) on the back of this form.

Signature	Date / /	All fields must be complete and copy of Photo ID must be attached to submit this application.
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**SECTION 3 - PROPERTY OVERSIGHT INFORMATION (PROPERTY MANAGER)**

Property Management Organization - if applicable	Organization Oversight Email Address	Organization Phone Number		
Property Oversight Name (First, Middle, Last, Suffix)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Driver's License #	State	Date of Birth / /
Email Address	Primary Phone Number	Secondary Phone Number		
Mailing Address (St#, Direction, Name, St Type, Apt/Suite)	City	State	Zip Code	

I, hereby, accept property oversight responsibility from the property owner (See Municipal Code Section 605.453-605.461-Property Oversight).

Signature	Date / /	All fields must be complete and copy of Photo ID must be attached to submit this application.
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**FOR OFFICE USE ONLY**

Received by	Date Received / /	Address Qty	Amount Due (\$) \$	Receipt # #
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# RESIDENTIAL RENTAL LICENSE APPLICATION

## List All Rental Properties Below

(For Exempt Properties – See Section 14-801(b) Family Exemption)

A \$50 fee applies to each rental unit unless qualified for Family Exemption.  
If any changes occur, the owner or representative will have to file an amended application. (Code Sec. 605.456 para. B)

Example: 123 S. Main Street, Apt# ZIP Code    For Exempt Properties: List Name & Relationship

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## Crime Free Certification Issued to the following

Name (First, Middle, Last, Suffix)	Address	Primary Phone Number	Date Attended