



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

Individual Owners fill out **SECTION 1** to its entirety. If you are representing an Owner Organization you must fill out both **SECTION 2A** and **2B**. If the owner resides more than 50 miles outside of Florissant you must fill out **SECTION 3** – Property Manager information. A \$50 fee applies to each rental unit. If any changes occur, the owner or representative will have to file an amended application. (Code Sec. 605.456 para. B)

SECTION 1 - 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(s) on the back of this form.

Signature X	Date	All fields must be complete and copy of Photo ID must be attached to accept this application.
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SECTION 2A - 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 2B - RESPONSIBLE PARTY FOR ORGANIZATION 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(s) on the back of this form.

Signature X	Date	All fields must be complete and copy of Photo ID must be attached to accept this application.
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SECTION 3 - PROPERTY MANAGER INFORMATION

Property Management Organization - if applicable	Email Address	Primary 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 605.453-605.466-Property Oversight).

Signature X	Date	All fields must be complete and copy of Photo ID must be attached to accept this application.
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SECTION 4 - CRIME FREE INFORMATION

Crime Free Representative Full Name	Date Attended
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FOR OFFICE USE ONLY

Received by	Date Received	Address Qty	Amount Due (\$)	Receipt #
	/ /		\$	#



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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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