



City of Berkeley Police Department



LANDLORD LICENSE APPLICATION

1. PROPERTY ADDRESS _____
(Property Locator Number) _____

2. TYPE OF DWELLING: Single Family House ____ Townhouse ____
Duplex ____ Other _____

Apartment/Multi Housing Property (total number of units at this address _____)

Complex Name _____

List all units at this address; (example 123 N. 8th Street, Apt 1A, etc.)

If multiple buildings and/or units please attach printed list

3.A. PROPERTY OWNER INFORMATION

Name _____
Last First

Driver's License # _____ Last 4 digit of Social Security # _____

Business Address _____
Street address is required. **Do not list a Post Office Box**

City _____ State _____ Zip _____

Phone () _____ Work () _____ Ext. _____

Cell Phone () _____ Email _____

3.B. PROPERTY OWNER INFORMATION

Home Address _____
Street address is required. Do not list a Post Office Box

City _____ State _____ Zip _____

Phone () _____ Work () _____ Ext. _____

Cell Phone () _____ Email _____

3.C. CO- OWNER INFORMATION- IF APPLICABLE

Name _____
Last First

Driver's License # _____ Social Security # _____

Home Address _____
Street address is required. Do not list a Post Office Box

City _____ State _____ Zip _____

Phone () _____ Work () _____ Ext. _____

Cell Phone () _____ Email _____

4 EMERGENCY CONTACTS – PROVIDE 3

- A.
- B.
- C.

5 AFTER HOURS CONTACT INFORMATION

6 DESIGNATED LOCAL MANAGER OR AGENT - IF OTHER THAN OWNER

Required for all owners living outside the 50-mile radius. Contact must live within 50 miles

Management Company _____
If applicable

Name _____
Last First

Address _____
Street address is required. *Do not list a Post Office Box*

City _____ State _____ Zip _____

Phone () _____ Work () _____ Ext. _____

Cell Phone () _____ Email _____

Do you own or manage any other non-owner-occupied property in Berkeley other than the address listed above?

YES _____*

NO _____

**If yes, complete attached Additional Units Form or provide a printed list of each unit's street address.*

I understand that the issuance of this license is conditional upon compliance with all City of Berkeley ordinances, State and Federal laws, and successful completion of the Crime Free Rental Housing Ordinance No.

I have read this application and answered all questions in full. The information submitted in this application is complete and truthful to the best of my knowledge.

NAME OF LICENSEE _____

LICENSEE ROLE: OWNER, MANAGER, LOCAL CONTACT _____

DATE _____

SIGNATURE OF OWNER/MANAGER _____

METHOD OF PAYMENT: Check _____ Cash _____

Office Use Only License number _____ Processed by _____ Date _____

APPLICATION ADDITIONAL UNITS FORM

1. PROPERTY ADDRESS _____
(Property Locator Number) _____

2. TYPE OF DWELLING: Single Family House ____ Townhouse ____
Duplex ____ Other _____

Apartment/Multi Housing Property (total number of units at this address _____)

Complex Name _____

List all units at this address ;(example 123 N. 8th Street Apt 1A, etc.)

If multiple buildings and/or units please attach printed list

1. PROPERTY ADDRESS _____
PIN # (Property Identification Number) _____

2. TYPE OF DWELLING: Single Family House ____ Townhouse ____
Duplex ____ Other _____

Apartment/Multi Housing Property (total number of units at this address _____)

Complex Name _____

List all units at this address; (example 123 N. 8th Street Apt 1A, etc.)

If multiple buildings and/or units please attach printed list

1. PROPERTY ADDRESS _____
(Property Locator Number) _____

2. TYPE OF DWELLING: Single Family House ____ Townhouse ____
Duplex ____ Other _____

Apartment/Multi Housing Property (total number of units at this address _____)

Complex Name _____

List all units this address; (example 123 N. 8th Street Apt 1A, etc.)

If multiple buildings and/or units please attach printed list
