

Department of Community Development Rental Property License Application

The City of Westminster complies with the Colorado Open Records Act (CORA). Public records include all writings made, maintained, or kept by the city, regardless of physical form or characteristic.

Licensee/Property Name						
Rental Property Address		, W	/estminster, CO, Zip			
Type of Application: *New 🗌	Renewal 🗌 Chang	e in Property Inform	nation (Owner/Mana	ger/Rental Unit #) 🗌		
f change in number of rental uni	ts, please indicate reas	son for change				
*Please includ	e a site plan and a list	ing of unit numbers	s if this is a new app	olication.		
Building Information						
Building Type 4-Plex	ore units) 🗌 🛮 Condo	(4 or more units) 🗌	Multi-Family Apt	(5 or more units)		
Year Built #	‡ of Stories	# of Build	ings			
Fotal # of Units #	‡ of Model Units	# of Income Restricted Units				
ndicate the <u>number</u> of each type	of unit: Studio	1 Bdrm 2 B	drm 3 Bdrm	4 Bdrm		
Basement: Yes No	Crawlspace: Ye	es No				
_easing Office Address and Unit ‡	t (if applicable)					
Property Owner Information	on - If multiple owner	rs, please complete i	requested informati	on for EACH owner.		
Property Owner Name						
Phone ()						
Physical Address		City	State _	Zip		
Mailing Address (if different)		City	State	Zip		
Managing/Local Agent Info The City of Westminster requires all or Dwners residing or operating a perma designate themselves. Owners who de radius of the rental property) MUST of mile radius of the rental property. A	wners of residential renta anent place of business in lo not reside or operate a designate a Local Agent local agent may include l	al property to assign a n Westminster, or with a permanent place of who resides or operat but is not limited to a	in a fifty (50) mile radio business in Westmins tes a permanent place designated family mer	us of the rental property m ter (or within a fifty (50) n of business within a fifty mber, friend, or tenant.		
Contact Person Phone ()						
Physical Address						
Mailing Address (if different)			 State			

Name	Title		
Relationship to Owner	_		
Phone () **	E-mail		
Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Representation and Signatures			
Please check one of the following statements.			
Owner designates self as Local Agent and of the rental property.	resides or operates a perma	anent place of busi	ness within fifty (50) mil
Owner designates the Managing/Local Age PLEASE NOTE: Property Managers, Local authorized representative. Managing/Loservice of legal process.	Agents or Operators must	attach proof of au	thority to act as owner'
By signing below, I assert, under penalty of perjury to the best of my knowledge, it contains no false of 5, as follows:			
• I am in good standing for any other permits o	r licenses issued by the City	of Westminster;	
 Every unit of my rental property complies with 	h the requirements set forti	h in WMC, Title XI, (Chapter 12;
• I will promptly notify the city of changes to an	y of the information provid	led above; and	
 I will not obstruct a City inspection of my rent Chapter 12. 	al property that is being co	nducted pursuant	to WMC, Title XI,
Owner Signature (Required)			
Name Please print	Date		
Signature			
Managing/Local Agent or Site Manager (Req	uired)		
Name	Title		
NamePlease print		Please print	
Signature	Date		
** Email is the primary method of correspond	dence used by Rental Pr	operties.	
Please send completed forms to: Rental Pro	-		

Department of Community Development 4800 W 92nd Ave. Westminster, CO 80031 $\pmb{\mathsf{Email}: \underline{\mathsf{rentalhousing@westminsterco.gov}}}$