



City of White Plains Rental Housing License Program

APPLICATION

Initial _____ Renewal _____

Instructions:

This form is used by a property owner for making an application for a Rental Housing License under the City of White Plains Rental Housing License Law. Please fill out this application completely. If an item does not apply to the property, please enter "N/A" for "not applicable" rather than leave the item blank. If additional space is needed, please use clearly marked continuation sheets.

Upon completion, please submit this application along with sketch(s) of each floor and the applicable filing fee to:

White Plains Building Department
70 Church Street
White Plains, NY 10601
TEL (914) 422-1269 FAX (914) 422-1471

PROPERTY INFORMATION

Property Address: _____

Number of stories: _____

Does the building have sprinklers? _____ Yes _____ No If yes, which areas of the building?

Does the building have a fire alarm system connected to an alarm monitoring company?
_____ Yes _____ No

Unit information:

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

Unit Number: _____ Floor where unit is located: _____ Number of bedrooms: _____

OWNER INFORMATION

Ownership Type:

Company Corporation Joint Venture Trust/Trustee
 Sole Proprietor Partnership Other

DBA Owner Information (if applicable):

Name _____
Address: _____
City _____ State _____ Zip Code _____
Telephone: _____
Email: _____
Tax ID No. _____

Owner #1 Information:

Name _____
Business Address: _____
City _____ State _____ Zip Code _____
Residence Address: _____
City _____ State _____ Zip Code _____
Business Telephone: _____

Mobile Telephone: _____

Email: _____

Drivers License No. _____ Issuing State _____ Date of Birth _____

Owner #2 Information (if applicable):

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

Drivers License No. _____ Issuing State _____ Date of Birth _____

Owner #3 Information (if applicable):

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

Drivers License No. _____ Issuing State _____ Date of Birth _____

Owner #4 Information (if applicable):

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

Drivers License No. _____ Issuing State _____ Date of Birth _____

REGISTERED AGENT

If any owner(s) resided outside of New York, that owner must designate an agent withing New York State to receive service of legal notice

Agent Name _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Email: _____

Registered Agent for Owner:

_____ Owner #1 _____ Owner #2 _____ Owner #3 _____ Owner #4 _____ All owners

PROPERTY MANAGEMENT

Property Management Company (if applicable)

Name _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Email: _____

Property Manager (if applicable)

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

Onsite/Resident Manager (if applicable)

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Residence Telephone _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Primary Contact:

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Residence Telephone _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

Secondary Contact:

Name _____

Business Address: _____

City _____ State _____ Zip Code _____

Residence Address: _____

City _____ State _____ Zip Code _____

Residence Telephone _____

Business Telephone: _____

Mobile Telephone: _____

Email: _____

CERTIFICATION

APPLICANT: I hereby certify that this application is accurate and complete to the best of my knowledge, and that I am the owner in fee simple of said property located at _____, or I am the authorized agent of said owner.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Fee: _____ Receipt #: _____

Legal Status of building (e.g. one family, two family, etc) _____

Submittal Date: _____

Approval Date: _____

Denial Date: _____