

## City of Hawk Point



121 West Lincoln Street, Hawk Point, Missouri 63349 Telephone (636) 338-4377 Fax (636) 338-4827 Website: www.cityofhawkpoint.org

## **LANDLORD LICENSE APPLICATION**

## **Property Owner(s) Information:**

<i>Please Print</i> Property Owner N	nme(s):				
Business Name:					
Mailing Address:					
Si	reet				
$\overline{C}$	ity		State	Zip Code	
Contact Phone Nu	mber(s):				
Н	ome:	(	)		
C	ell:	(	)		
В	usiness:	(	)		
Mailing Address:					
Si	reet				
$\overline{C}$	ity		State	Zip Code	
Contact Phone Nu	mber(s):				
Н					
	ome:	(	)		
C	ome: ell:	(	)	 	
		(	) )	 	
В	ell: usiness:	(	)	  	
B Please check box t	ell: usiness: nat applies to you:	(	)		ot reply, then contact landlord.
B  Please check box t	ell: usiness: nat applies to you: ontact property man	( ( ager first	. If property	  manager does n	ot reply, then contact landlord.



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ADDESS OF RENTAL PROPERTY(S	ADDESS OF	F RENTAL	PROPERTY	(S)	):
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Please list ALL properties individually and use a separate sheet of property.	paper if you should run out of room for listing each individual
	e premises that endangers the public health or welfare; the applicant ed to ensure that no illegal conduct or practice will take place in the curacy of all information contained in the application, and that it
Signature of Applicant	
Printed Name	
**This portion is to be con	mpleted by the City Clerk**
Landlord License Fee: \$ Paid on	_/by Cash Check M.O. C/C
Signature of City Clerk	Date/