



City of Seaford

Residential Rental License Application

(Please fill out one form for each rental unit)

Property Owner:	Mailing Address:	Phone #
		Mobile #
		EMAIL:
If Property is a Partnership or Corporation Please list contact info for the members/officers: (attach a separate page if needed)		
Name:	Mailing Address:	Phone #
		Mobile #
		EMAIL:
Name:	Mailing Address:	Phone #
		Mobile #
		EMAIL:

Rental Unit Address:	
Tenant Information (Adults over the age of 18): (attach a separate page if needed) (A copy of the current lease will also be acceptable)	
Tenant(s) Name(s):	Phone #
	Mobile #
	EMAIL:
Tenant(s) Name(s):	Phone #
	Mobile #
	EMAIL:

I _____, the ☐ Owner or ☐ Owner's Authorized Agent, agree to the following terms:

- I hereby grant the City of Seaford, and its agents, permission to enter the above referenced property before and after license issuance to verify the information on this application and perform inspections at any reasonable time.
- I understand that a license may be denied if the property listed on this application or the property owner has outstanding code violations &/or outstanding debt with the City of Seaford.
- I understand that the information on the application is true and correct and that a false answer can subject the application to denial of a license or revocation of a license.
- I understand that the applicant has consistently complied with all laws and ordinances of the City of Seaford and other jurisdictions relating to the enterprise for which the license is required, including applicable zoning and building codes, and shall continue to do so throughout the term of the license.
- I understand that yearly renewal applications for a license required by § 5.4.2 shall validate the renewal information on the form generated by the City of Seaford and make any changes and/or corrections as needed. No license shall be granted until the license fee shall have been paid in full and the renewal form signed.
- I understand that address corrections and/or changes to existing licenses may be made on the yearly renewal form or a change of address form to the City of Seaford. It is the responsibility of the license holder to notify the City of Seaford in writing of any changes. It is further the responsibility of the license holder to notify the City of Seaford in writing if it is no longer valid.

Signature: _____

Date: _____

CITY OF SEAFORD USE ONLY—Review Worksheet

Required	Completed	Tax Id #:	Total Number Of Rental Units:	Current Use: <input type="checkbox"/> S.F.D. <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Apartment Complex	Zoning District: <input type="checkbox"/> R-1 <input type="checkbox"/> R-4 <input type="checkbox"/> R-2 <input type="checkbox"/> C-3 <input type="checkbox"/> R-3
		PID #:			
X		City of Seaford - Finance Department: Financial Good Standing Ordinance Compliance			
		License Issued By:	Date Issued:	License #	