

**RENTAL HOUSING LICENSE
RENEWAL APPLICATION
CITY OF EAST LANSING**
410 Abbot Road
East Lansing MI 48823
Phone: 517-319-6857 or
517-319-6870
Fax 517-319-6926
www.cityofeastlansing.com

Owner/ Responsible Party
must fill out this area
completely

PROPERTY ADDRESS: _____
CLASS OF LICENSE: I II III IV V VI
EXPIRATION DATE & YEAR: _____
LICENSED OCCUPANCY PER UNIT: _____
NUMBER OF UNITS: _____

90 DAYS PRIOR TO EXPIRING:

- > SUBMIT THIS RENEWAL APPLICATION
- > PAY THE FEES
- > AFTER FEES AND APPLICATION ARE SUBMITTED, NEXT CALL TO SCHEDULE THE ANNUAL INSPECTION

FILL OUT APPLICATION COMPLETELY

****IF THERE ARE NO CHANGES FROM THE LAST RENEWAL APPLICATION, YOU CAN CHECK THE BOXES AND SIGN YOUR INITIALS**

OWNER

INITIAL HERE

CHECK BOX UNCHANGE FROM PREVIOUS RENEWAL _____

OWNER NAME: _____ DRIVER'S LICENSE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE :() _____ OR :() _____

FAX :() _____ E-MAIL ADDRESS _____

LEGAL AGENT OR RESIDENT AGENT

INITIAL HERE

CHECK BOX UNCHANGE FROM PREVIOUS RENEWAL _____

NAME OF AGENT: _____ AGENT'S DRIVER'S LICENSE NO.: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE :() - _____ OR :() _____

FAX :() - _____ E-MAIL ADDRESS _____

LEGAL AGENT REAL ESTATE LICENSE ID NO _____ COUNTY OF RESIDENCE _____

I AUTHORIZE THE ABOVE TO BE MY LEGAL AGENT FOR THIS PROPERTY

Signature _____ DATE _____

I ACCEPT RESPONSIBILITY FOR THIS PROPERTY AS LEGAL AGENT

Signature _____ DATE _____

MUST COMPLETE AND SIGN THE BACK PAGE

CORPORATION, ORGANIZATION, PARTNERSHIP, TRUST



INITIAL HERE

CHECK BOX UNCHANGE FROM PREVIOUS RENEWAL _____

TYPE OF ENTITY: CORPORATION FRATERNITY SORORITY PARTNERSHIP TRUST COOPERATIVE OTHER

NAME OF ENTITY _____

CORPORATE ID NUMBER _____

ATTACH THE FOLLOWING: NAME, TITLE, DRIVER'S LICENSE OR STATE ID NUMBER AND ADDRESS OF THE CHIEF EXECUTIVE OFFICER, ALL GENERAL PARTNERS, INDIVIDUAL PARTNERS, MANAGING MEMBERS OR ALL TRUSTEES

I hereby make application for renewal of a housing license for the above premises and agree to permit Chief Code Official and/or appointees to enter and perform inspections as required by Chapter 6 Article 3 of the Code of the City of East Lansing in the manner permitted by said article. I certify that insurance coverage for structural loss or damage and premises liability for personal injury exits and shall be maintained on the licensed property.

SIGNATURE _____ DATE _____

PRINT NAME _____

RECEIVED BY _____ DATE _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ AMOUNT _____ <input type="checkbox"/> CREDIT CARD _____ DELIVERED BY <input type="checkbox"/> MAIL <input type="checkbox"/> IN OFFICE RETURNED: DATE _____ REASON: _____	OFFICE STAMP
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ADDITIONAL INFORMATION:

***INSPECTION GUIDELINES AND FORMS: <https://www.cityofeastlansing.com/702/Rental-Housing-Information>
*** EXPIRED LICENSES ARE SUBJECTED TO CITATIONS FOR RENTING WITHOUT A LICENSE.
*** CHANGE OF ADDRESS MUST ALSO BE UPDATED WITH THE ASSESSING DEPARTMENT BY CALLING 517-319-6880
***RENTAL LICENSES EXIRE EVERY 13 MONTHS; ALTHOUGH, CLASS I LICENSES EXPIRES EVERY 39 MONTHS AND CLASS II LICENSES EXPIRE EVERY 26 MONTHS.
***RENTAL UNITS MUST BE *INSPECTED AND COMPLIANT IN ORDER TO BE RENEWED*
***LESS THAN 24 HOUR NOTICE CANCELATIONS AND NO SHOWS WILL RESULT IN A "NO SHOW" FEE. THE NO SHOW FEE AMOUNT CAN BE FOUND ON THE RENTAL LICENSE AND FEE SCHEDULE DOCUMENT.

YOU CAN CONTACT US BY EMAIL AT DLEDESMACITYOFEASTLANSING.COM OR LCHAPMANCITYOFEASTLANSING.COM

REVISED JULY 2018