

William Arnold
Commissioner

City of Fairlawn
Housing Department
Landlord License Application Form

Use Additional Sheets Where Necessary

Applicant: Owner Manager Other Corporation (Explain) _____

Name: _____

Address*: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ E-mail: _____

Owner Information:

Type of owner: Individual Sole Proprietorship Partnership Corporation Trust Other

Owner's Full Legal Name: _____ Date of Birth: _____

Address*: _____ City: _____ State: _____

Zip: _____ Phone #: (____) _____ E-mail: _____

Tax ID or Last 4 digits of Social Security Number: _____

If owner is a corporation, complete the following listing the statutory agent.

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: (____) _____ Email: _____

Tax ID # of corporation, LLC, partnership or LLP: _____

Additionally, provide name(s), address(es), telephone number(s), and e-mail address(es) of the officers or the corporation or LLC: _____

If owner is a partnership, complete the following listing one of the general partners.

Name: _____ Title: _____ Date of Birth: _____

Address*: _____ City: _____ State: _____

Zip: _____ Phone #: (____) _____ Email: _____

Tax ID # of corporation, LLC, partnership or LLP: _____

If owner is a trust, complete the following listing the Grantor(s).

Name: _____ Title: _____ Date of Birth: _____

Address*: _____ City: _____ State: _____

Zip: _____ Phone #: (____) _____ Email: _____

Tax ID # of corporation, LLC, partnership or LLP: _____

Additionally, provide name(s), address(es), telephone number(s), date of birth and e-mail address(es) of the Trustee(s): _____

*** P.O. Boxes are not permitted by Code.**

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Identify the manager or contact person, who lives in Summit County or contiguous counties responsible for the property:

Name of manager or contact person: _____ Date of Birth: _____

Address (no PO Box): _____ City: _____ State: _____

Zip: _____ Phone #: (_____) _____ Email: _____

Total number of structures with one or more rentable units: _____

Is your lease unchanged from the previous submission? Yes _____ No: _____

If Yes you do not need to provide a new lease, if no, please provide an updated lease.

Note: List all one or more-unit rental properties on the attached pages

License fees for each premise are as follows:

An annual license fee for each premise on which rental unit(s) are located shall be, per parcel, as follows:

1 Unit	\$ 50.00	6-25 Units	\$105.00
2-3 Units	\$ 60.00	26-100 Units	\$200.00
4-5 Units	\$ 70.00	101 or more	\$310.00

Please make checks payable to: **City of Fairlawn**

By signing below, I certify the following:

- The owner of the properties listed herein is not delinquent in the payment of all taxes and assessments that may be due and owing including any income taxes owed for any rental or leasing income generated.
- All tenants are required to sign a written lease agreement that complies with the minimum requirements set forth in Chapter 5321 of the Ohio Revised Code and a specimen copy of the lease agreement is attached to this application.
- I agree to make all repairs necessary to remedy any violations of the City's building, housing maintenance, or property maintenance codes upon receiving notice of violation.
- I agree to take actions necessary to abate any Criminal Activity Nuisance, as defined by Chapter 680 of the Fairlawn Codified Ordinances that may be occurring on any Residential Rental Property owned, managed, or rented by me in the City of Fairlawn.
- I have provided on separate sheet the name, case number, and disposition of any criminal or civil actions where the applicant or the property owner was the subject of any claims or counterclaims alleging that the property owner, the applicant, or their managers, agents, or representatives, failed to maintain or repair any dwelling units located on any residential rental property in the City of Fairlawn.

I have read and understand the rental licensing information accompanying this application form and I hereby acknowledge under penalty of law that I have completed this registration form truly and accurately to the best of my knowledge. I further acknowledge that I will report any changes in circumstances that affect the accuracy of the information set forth in this application. Any updated information shall be provided to the Housing Department within thirty (30) days of the change in circumstance.

Owner

____/____/_____
Date

License Holder

____/____/_____
Date

3487 South Smith Rd. Fairlawn, OH 44333 Phone (330) 668-9500 Fax (330) 668-9546 bldg_zoning@fairlawn.us

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Use Additional Sheets Where Necessary

List address of all premises and structures with rental units (including single family dwellings):

Address: _____ Apartment #'s: _____

Number of rental dwelling units: _____

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Number of rental dwelling units: _____

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List address of all premises and structures that are not in compliance with the City of Fairlawn's building, housing maintenance and property maintenance codes and describe the corrective action or actions that are being taken to bring the property into compliance:

Address: _____ Apartment #'s: _____

Number of rental dwelling units: _____

Corrective actions being taken: _____

Anticipated compliance date: _____

Address: _____ Apartment #'s: _____

Number of rental dwelling units: _____

Corrective actions being taken: _____

Anticipated compliance date: _____

Address: _____ Apartment #'s: _____

Number of rental dwelling units: _____

Corrective actions being taken: _____

Anticipated compliance date: _____

Address: _____ Apartment #'s: _____

Number of rental dwelling units: _____

Corrective actions being taken: _____

Anticipated compliance date: _____