

# icenses and Inspections

OF PHILADELPHIA



Rental License Supplemental Information

This mandatory supplemental form must be completed and submitted / uploaded with a New Rental License Application. SECTION 4 IS NOT REQUIRED TO BE COMPLETED FOR A SINGLE UNIT USED FOR HOUSEHOLD LIVING

# Ownership Information

Owner's Information: Provide the address and owner of the property being rented

> Select if the property is owned by an individual or company

Note: If the legal entity is a "company" then provide the contact information for any natural person with more than 49% equity interest in the property. If no individual has such an interest, provide contact information of two (2) natural persons with the largest equity interest in the property. This is public information that may be published to the city website.

# (B) Ownership:

Provide a copy of the proof of ownership in the form of a recorded deed. executed settlement sheet, or OPA record. If you are unable to provide one of these forms, identify the type of form provided and the Department will determine if it may be accepted.

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Note: The deed, activity license, and tax account must all be registered to the same entity unless meeting an exception.

Note. Refer to the Dept. of Revenue for detailed information on disregarded entity: https://www.phila.gov/do cuments/federal-tax-law/

(A)	Own	er's	Information						
	Property Address:								
	Prope	roperty Owner Name							
	Owne	er is a	n: Individual(s)						
			Company Is company	publicly trade	ed. 🔲 Yes	☐ No, If "No", e	enter owners' inform	nation below	
	Owne	er 1: _			Owner 2:				
				6		First Name	Last Nan	10	
	Mailir	Mailing Address: Street Address			Mailing Addres	s:	Street Address		
		City	State	Zip	City		State	Zip	
(D)	Dece		No						
(B)			Ownership						
	1.	Proof	of ownership must be submitted with the	e application.	Please select t	he form of proof pro	viđed:		
			Deed Settlem	ent Sheet		Office of Property As May be printed at h			
		п	Other (Describe):			may be printed at <u>ir</u>	прѕ //ргорену.рнів	i.gov/)	
		and D applic	cense shall be issued in the name of the leed must all be registered in the same reation:  License will be issued to the <u>owners as leading</u> (Ownership corresponds to Activity License)	name unless	meeting an exco	aption. Select the o <sub>l</sub>	Commercial Activi ption that applies to	ty License, this	
			License will be issued to a <u>disregarded e</u> (The ownership record identifies the disc		ty the Activity I.	icense is issued in t	he name of the pri	man,	
		ļ	company or disregarded entity, and the	vnership record identifies the disregarded entity, the Activity License is issued in the name of the primary ny or disregarded entity, and the Philadelphia Tax Account for primary company indicates relationship)					
	ı		License will be issued to one of the spou	ses or domes	stic partners list	ed on the ownership	o record.		
			(The Activity License is issued in the nam Philadelphia Tax Account)					sted on the	
	ı		License will be issued to one of the indiv	iduals listed o	on the ownershi	p record.			
		(	The Activity License and Philadelphia To statement with the license application aff obligations of the rental license)	ax Account a	re registered to	the individual The	individual will provi llection of rent and	de a signed meeting all	
Does	the pr	opert	y owner reside or maintain a business of	ffice within Ph	niladelphia and a	act as the Managino	Agent? 🔲 Ye	s $\square$ No	
			d, identify a managing agent who resides						
	Ма	naoin	ng Agent Name:						

# **Managing Agent** Information

A Managing Agent with a residence / business office within the City of Philadelphia is required to carry out responsibilities listed under Section 9-3907 of the Phila. Code If the owner does not have a business address in the city or does not act as a Managing Agent, contact for the Agent must be provided.

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Note: This is public information that may be published to the city website

es the property owner reside or maintain	a business office within Philade	elphia and act as the Managing Agent	? Yes	□ No
'No" is selected, identify a managing agen	t who resides or regularly atten	nds a business office within Philadelph	ia:	
Managing Agent Name:	First Name	Last Name		
Managing Agent Phone Number:		Last Name		
Managing Agent Address:(P.O. BOX is not accepted)	Street	City State	e Zır	<del>,</del>

3

4

# **Supplemental** Information

- The number of lead certifications submitted to the Department of Public Health must equal the number of units listed in section 4B minus any owner-occupied units and family non-rental units.
- Check http://atlas.phila.gov.for open violations

Verify the following information	i prior to	starting rental	license	application
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Applicant is current on all City of Philadelphia taxes, charges, and fees:

permits-and-approvals/submit-lead-certification-and-inspection-reports/

☐ Yes

☐ Yes

- Lead Certification is compliant and filed with the Department of Public Health: (https://www.phila.gov/services/permits-violations-licenses/apply-for-a-permit/environmental-
- Applicant has no open violations of the Philadelphia Building Construction and Occupancy Code:

☐ Yes

# **Use and Occupancy**

### (A) The categories are defined as

- Hotel These are typically defined as "Visitor Accommodations" in the Zoning Code. This category includes short-term rentals of properties that are not occupied by the primary resident.
- Rooming/Boarding House These have living space shared between four or more unrelated people Typically, these have shared facilities such as kitchens and/or bathrooms
- Assisted Living: These facilities provide living space for individuals that need assistance or supervision with getting dressed, bathing, diet, financial management, evacuation from the residence in the event of an emergency, or medication prescribed for self-administration
- Dormitories Living quarters typically marketed to students that usually provide shared facilities such as kitchens and/or bathrooms.
- (B) This is the total number of residential units in the building and is necessary to verify legal use. When completing the online rental license application, any nonrental units shall be excluded for total number.
- (C) You must provide one of these documents with the license application.

Rental License information sheet:

https://www.phila.gov/docum ents/real-estate-andproperty-business-license-

This section does NOT need to be completed	for applications involving a single unit used for household living.

# (A) Occupancy Type

Select the category that applies to your building or space (Ensure that Zoning Permit and/or Certificate of Occupancy are

Residential Dwellings	Rooming House / Boarding House
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☐ Hotel (includes motels, hostels, bed & breakfast) Assisted Living

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# (B) Number of Units

- Total number of units in the building (including owner-occupied or non-rented units and excluding commercial units):
- Is any unit occupied by the owner? ☐ Yes □ No
- Is any unit occupied by a family member without the collection of rent?

\_\_\_ (You must submit an Affidavit of Non-Rental with your license application) Yes,

Nο

# (C) Proof of Legal Occupancy

You must demonstrate that the building is legally occupied under the Zoning and Building Construction and Occupancy Codes. Please refer to the Rental License (Proof of Use and Occupancy) information sheet for detailed information on minimum documentation required and instruction on accessing records.

Select the form of proof submitted with this application:

Certificate	- £ 0	
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# Prior Rental License Record

(May only be submitted if license was issued in the past three years for the same number of units and there has been no other change to occupancy.)

# Zoning Permit

(May only be submitted if the zoning permit was approved prior to 2000, the building has continuously operated in accordance with this use, and a Certificate of Occupancy or prior license record are not available. Must be accompanied by an Affidavit of Continuous Use.)

# **Declaration and Signature**

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to the possible revocation of any licenses as a result of my false application, and such other penalties as may be prescribed by law or ordinance.

Applicant's Name:	
Applicant's Signature:	Date: