

**RENTAL REGISTRATION CERTIFICATE APPLICATION**

PLEASE REMIT WITH A CHECK PAYABLE TO: CITY OF БЕЛОIT  
100 State Street, Beloit, WI 53511, Telephone (608) 364-6650

Tax Parcel Number: \_\_\_\_\_  
Address of Rental Dwelling: \_\_\_\_\_  
Census Tract: \_\_\_\_\_  
Number of Certificates Requested: \_\_\_\_\_

**Current Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Revised Owner Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Required)

Date of Birth: \_\_\_\_\_ (Optional)

**If using a Post Office box enter valid street address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip: \_\_\_\_\_

(Optional) Type of Rental Dwelling: \_\_\_single family\_\_\_duplex \_\_\_multi-family\_\_\_apartment complex

**\*\*\*New for 2017\*\*\***

Do you wish to have your name and contact information added to the Landlord

List the City of Beloit will be producing and making available to the public? \_\_\_\_\_ Yes \_\_\_\_\_ No

**BY SIGNING BELOW, I ACKNOWLEDGE AND UNDERSTAND THAT THE ISSUANCE OF A CERTIFICATE(S) IS CONDITIONAL UPON COMPLIANCE WITH ALL CITY ORDINANCES AND ORDERS TO CORRECT ANY CONDITION IN A RENTAL DWELLING UNIT THAT IS IN VIOLATION OF CITY ORDINANCES OR STATE LAW. I FURTHER UNDERSTAND THAT THE ISSUANCE OF A CERTIFICATE IS CONDITIONAL UPON PAYMENT OF ALL OUTSTANDING TAXES, FORFEITURES, ASSESSMENTS, FEES OR OTHER CHARGES THAT ARE DELINQUENT AND UNPAID.**

**Signature – Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**PROPERTY MANAGER (if applicable)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_  
Number of Certificates: «TOTAL UNITS»x \$40.00 per unit = \_\_\_\_\_CC \_\_\_\_\_Cash \_\_\_\_\_Check # \_\_\_\_\_  
«OWNER\_ID»