## **BENSALEM TOWNSHIP**

Building and Planning Department
Office 215-633-3644 • Fax 215-633-3753
2400 Byberry Road • Bensalem, PA 19020

## RESIDENTIAL PROPERTY RENTAL LICENSE APPLICATION

☐ NEW APPLICATION	☐ RENEWAL APPLICATION	Date License # Tax Parcel # Application Year	
LOCATION			
OWNER'S NAME			
OWNER'S ADDRESS			
CITY	STATE	ZIP	
PHONE No.	EMAIL		
TOTAL # OF UNITS	PAYMENT ENCLO	OSED\$	(#UNITS X \$15.00)
NAME OF TENANT(S)		UNIT No.	
1.			
3.			
4.			
I/We certify that all of the above statements are true and correct to the best of my knowledge, and understand that false statements are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.			
Owner Signature	Title		Date
A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF LICENSE			
I/We further certify that the person named below, has been designated to act as my legal representative in relation to the above property.			
AGENT'S NAME			
BUSINESS ADDRESS			
MAILING ADDRESS			
PHONE No.			
Email ADDRESS			
I certify that I am the legal agent of the above person/people in relation to the above property and that I am empowered to accept service of papers, notices, etc. in relation thereto.			
	Agent/Owner Signature	Da	te