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 ENCLOSED **$** _____
(#UNITS X $15.00)

NAME OF TENANT(S)	**UNIT No.**
1.	
2.	
3.	
4.	
5.	

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 ***Date***