BENSALEM TOWNSHIP <i>Building and Planning Department</i> Office 215-633-3644 • Fax 215-633-3753 2400 Byberry Road • Bensalem, PA 19020 RESIDENTIAL PROPERTY RENTAL LICENSE APPLICATION			
		Date License # Tax Parcel # FEE	
LOCATION			
OWNER'S NAME			
OWNER'S ADDRESS			
CITY	STATE	ZIP	
TOTAL # OF UNITS	PAYMENT ENCL	PAYMENT ENCLOSED \$ (#UNITS X \$15.00)	
NAME OF TENANT(S)		<u>UNIT No.</u>	
2.			
3.			
4.			
5.			
I/We certify that all of the above stater	nents are true and correct to the best of my es of 18 Pa. C.S. Section 4904 relating to u		
Owner Signature	Title	i	Date
A SIGNED COPY OF THIS	APPLICATION IS REQUIRED PRIO	R TO ISSUANCE	OF LICENSE
I/We further certify that the person named	below, has been designated to act as my legal re	epresentative 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 accept service of papers, notices, etc	e above person/people in relation to the abo c. in relation thereto.	ve property and that I	am empowered to
Agent/Owner Signature			te