

MULTIFAMILY HOUSING LICENSE APPLICATION

APPLICANT (PROPERTY OWNER) INFORMATION

Name(s):

Business Entity Name:

Mailing Address:

City:	State:	Zip Code:
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Telephone:	FAX:
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Cell Phone:	E-Mail:
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Registered Agent:

Registered Agent Address:

PROPERTY MANAGER YES NO

Name(s):

Management Company

Name: Address:

City:	State:	Zip Code:
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Phone:	FAX:
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Cell:	E-Mail:
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PROPERTY INFORMATION

Physical Address:

Number of Buildings:

Number of Units:	Number of Units per Building:
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Name of property:

FEES

Multifamily License Type	Base Fee	Processing Fee per Billing	Automation Surcharge	Total Fee	License Application Fee
3-10 Units	\$22.00/unit annually	\$12.50	\$2.50 per billing less than \$50 \$5 per billing equal to or more than \$50	Base x units + fee and surcharge	\$10.00
11-60 Units	\$21.00/unit annually				
61+ Units	\$21.00/unit annually				
Hotel/Motel	\$9.50/guest room annually				
Room & Board Facility	\$17.00/guest room annually				
Retirement Apartments	\$11.00/dwelling unit annually				
Homeless Shelters	\$65.00/facility annually				

APPLICANT SIGNATURE(S)

With this signature, I agree to keep the above Multi-Family Housing property licensed and maintained pursuant to Salem Revised Code Chapter 59.

Signature of Applicant:	Date:
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Signature of Applicant:	Date:
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(FOR CITY USE ONLY) FEES PAID: YES NO

DATE RECEIVED: _____