

**The City of South Charleston**

P.O. Box 8597  
 234 4th Avenue  
 South Charleston, West Virginia 25303  
 Phone 304-720-5985 Fax 304-720-5989  
 www.cityofsouthcharleston.com

Residential Rental License = \$10.00

Due - July 1, 20

**Department of Finance and Administration  
 Application for Residential Rental License**

Dwelling Address: \_\_\_\_\_  
 \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

- Individual Owner  
 Partnership  
 Corporation

Total Number of Dwelling Units at this address:

In the case of a **Partnership**, the names, physical addresses, and telephone numbers of Partners shall all be provided. In the case of a **Corporation**, the names, physical addresses and telephone numbers of Corporate Officers shall all be provided.

Officer Title	Name	Physical Address	Phone Number

(If additional space is needed, please use back of this form.)

**Operator, Agent, or Manager (represents the Owner on-site)**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The physical address, or official designation, and floor area, in square feet, of each Dwelling Unit within the Dwelling (**if applicable**).

Address	# of Bedrooms	# of Occupants	Sq. Feet	Rent Paid

Address	# of Bedrooms	# of Occupants	Sq. Feet	Rent Paid

Example : Apartment A                      2                      3                      1,500                      \$600.00

Heat Source: \_\_\_\_\_

Total Floor Area (in square feet): \_\_\_\_\_

Amount of Rent Paid for Dwelling: \_\_\_\_\_

\_\_\_\_\_  
 Owner / Officer Signature

\_\_\_\_\_  
 Date