

**MULTIFAMILY HOUSING LICENSE APPLICATION**

**APPLICANT (PROPERTY OWNER) INFORMATION**

Name(s):

Business Entity Name:

Mailing Address:

City:	State:	Zip Code:
-------	--------	-----------

Telephone:	FAX:
------------	------

Cell Phone:	E-Mail:
-------------	---------

Registered Agent:

Registered Agent Address:

**PROPERTY MANAGER YES  NO**

Name(s):

Management Company Name:

Address:

City:	State:	Zip Code:
-------	--------	-----------

Phone:	FAX:
--------	------

Cell:	E-Mail:
-------	---------

**PROPERTY INFORMATION**

Physical Address:

Number of Buildings:

Number of Units:	Number of Units per Building:
------------------	-------------------------------

Name of property:

**FEES**

Multifamily License Type	Base Fee	Processing Fee per Billing	Automation Surcharge	Total Fee	License Application Fee
3-10 Units	\$19.50/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	\$18.50/unit annually				
61+ Units	\$18.50/unit annually				
Hotel/Motel	\$9.50/guest room annually				
Room & Board Facility	\$17.00/guest room or dwelling unit 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:
-------------------------	-------

Signature of Applicant:	Date:
-------------------------	-------

**(FOR CITY USE ONLY) FEES PAID: YES  NO**

**DATE RECEIVED: \_\_\_\_\_**