

License Expires October 31st

Application No. \_\_\_\_\_

\_\_\_ New \_\_\_ Renewal

Permit No. \_\_\_\_\_



**CITY OF PRAIRIE VILLAGE  
RENTAL / LEASING APPLICATION**

Ward \_\_\_\_\_

Licensing Year: November 1 – October 31

Company Name (if applicable): ..... Home Phone ( ) .....

Owner's Name..... Work Phone ( ).....

Address:..... Rental Location:(Prairie Village Address)

City/State/Zip.....

Because I do not reside in Johnson County, I hereby designate the below named individual as the local resident agent who is responsible, if I cannot be located or fail to respond, for the payment of all fees and penalties provided in the Prairie Village Municipal Code for the property listed above.

YOU MUST LIST A LOCAL AGENT BELOW **IF** YOU DO NOT RESIDE IN JOHNSON COUNTY:

Local Resident Agent ..... Phone .....

Address .....  
(P.O. Box not accepted)

City / State / Zip .....

I declare under penalty of false statement that to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, state and federal laws, which govern rental/leasing businesses. I have received and read a copy of the Prairie Village Municipal Code regarding rental/leasing businesses and agree to comply with all regulations.

\_\_\_\_\_  
Signature of Owner / Resident Agent

\_\_\_\_\_  
Date

**Renewals are due in the City Clerk's Office no later than October 24<sup>th</sup>.**

Make Payment to:

**City of Prairie Village, Attn: Rental License, 7700 Mission Rd, Prairie Village, KS 66208**

	<b>Single Family Home</b>	\$	_____
<b>Apartment / Duplex</b>	Square Footage _____	x \$ <u>.01</u> =	\$ _____
	<b>Late Fee</b>	\$	_____
	<b>TOTAL FEES:</b>	\$	_____

Payment Type: Cash \_\_\_\_\_ Check \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard \_\_\_\_\_

Name on Card	Signature
Card Number	Expiration Date

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

**Office Use Only:**

Application: \_\_\_\_\_  
Date Received \_\_\_\_\_ Amt Pd: CK / Cash / Card \_\_\_\_\_ Processed By \_\_\_\_\_

Codes Enforcement Inspection: \_\_\_\_\_ License Issued: \_\_\_\_\_  
Date: To Codes Enf. Officer \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_