



# CITY OF MADERA

## Property Rental Application

205 W 4<sup>th</sup> St. Madera, CA 93637  
(559) 661-5408 FAX (559) 675-7067  
businesslicense@madera.gov

**OWNER (or Firm Name):** \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS** (if different from owner/firm location)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TAX INFORMATION**

Sole Proprietor  Partnership  Corporation  LLC  Trust

Fed Tax ID: \_\_\_\_\_ SSN: \_\_\_\_\_ DL/ID: \_\_\_\_\_

**NOTE: A RENTAL LICENSE IS REQUIRED FOR ALL CITY RENTAL PROPERTIES AS MANDATED BY MMC § 6-1.28**

**LOCAL PROPERTY MANAGER NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY RENTAL ADDRESS	\$ RENT PER MONTH	CITY RENTAL ADDRESS	\$ RENT PER MONTH

OWNER/AUTHORIZED PERSON PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER/AUTHORIZED PERSON SIGNATURE: \_\_\_\_\_

**Rental licenses are automatically renewed every July. Please notify our office if you no longer own or rent the property.**