



RENTAL REGISTRATION AND INSPECTION PROGRAM

APPLICATION INFORMATION

Be sure that each line required to be filled out is done completely. For owner information, the middle initial must be provided. Incomplete applications will not be accepted. It is the property owner's responsibility to provide complete and accurate information.

Section 1 – Type of Rental Registration Application

Indicate what type of application is being submitted. Check only one box.

Section 2 – Type of Business Ownership

Indicate what type of ownership there is for the property or properties listed in Section 4. Check only one box.

Section 3 – Ownership Information

Complete only one of the sections labeled A through H unless the property is being sold on a contract for deed. If it is, complete one section from A through G, as well as section H. The section to be completed should correspond to the type of ownership indicated in Section 2. Fill in all of the requested information in the section including the owner's date of birth. Note that if the owner is a corporation, the names, addresses, phone numbers and dates of birth of two people must be provided, as well as the corporation name.

Section 4 – Rental Property Information

Complete this section for all properties being registered under the same ownership. Properties must be under the same ownership in order to be listed on one application. If the property has a common name, such as "Maple Terrace Apts.," please indicate. Provide the total number of dwelling and/or rooming units in the property.

For each rental property address, identify the designated emergency contact and business or person responsible for yard maintenance. If the owner or tenant is responsible, check the appropriate line and no further information needs to be provided in that section.

If there are more than seven rental properties under the same ownership that are being registered on one application, photocopy page five and record the additional properties on the copy.

Section 5 – Local Agent if Designated

In cases where the owner of a rental dwelling resides outside of Kansas City, Mo., the owner must designate an agent (person responsible for receiving on behalf of the owner service of any notice, order or summons issued for a code violation) who is over 18 years of age and who resides within or regularly attends a business office located in Kansas City, Mo. A partner or associate who meets these qualifications may be designated as the agent.





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Section 6 – Owner’s Agreement on Statements Made in the Application

The signature of the owner is required in this section. If the owner is a corporation, an officer should sign; if a partnership, a partner should sign; and if an LLC, a member should sign.

Section 7 – Important Information

Please note that it is a violation of Sec. 56-356 of the City code for an owner or responsible person to provide inaccurate information for the register of rental dwellings. Additionally, failure to register any changes in information within 30 days of a change is a violation of Sec. 56-353 of the City code.

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APPLICATION

Neighborhood and Community Services Department
Neighborhood Preservation Division
4900 Swope Parkway, fourth floor
Phone (816) 513-9010
Fax (816) 513-9090

- Before completing the application, please read the attached registration application instructions.
- Please print clearly or type. Answer all applicable questions.
- Completed application must be signed by the property owner.
- A separate application must be completed for each type of ownership.
- For renewal or change of information, provide only information that has changed from the most current registration on file.

Section 1 – Type of Rental Registration Application (check only one)

- New Renewal Change of Information Change of Owner

If renewal or change of information, provide current registration number _____

Section 2 – Type of Business Ownership (check only one)

- Individual Corporation Partnership LLC Limited Partnership
 Trust REIT Contract for Deed

Section 3 – Ownership Information

(Complete only the corresponding section depending upon the type of ownership checked in Section 2.)

A. Individual

Name Date of Birth

Mailing Address City

State ZIP Code E-mail Address

Day Phone Evening Phone



B. Corporation – Provide information for a corporate officer and the chief operating officer.

Name of Corporation

Corporate Officer's Name Date of Birth

Mailing Address City

State ZIP Code E-mail Address

Day phone Evening Phone

Chief Operating Officer's Name Date of Birth

Mailing Address City

State ZIP Code E-mail Address

Day phone Evening Phone

C. Partnership

Name of Partnership

Managing Partner's Name Date of Birth

Mailing Address City

State ZIP Code E-mail Address

Day phone Evening Phone

D. Limited Liability Company – Provide information for the managing or administrative member.

Name of LLC

Member's Name Date of Birth

Mailing Address City

State ZIP Code E-mail Address

Day phone Evening Phone

E. Limited Partnership

General Partner's Name		Date of Birth
Mailing Address		City
State	ZIP Code	E-mail Address
Day phone		Evening Phone

F. Trust

Name of Trust		
Trustee's Name		Date of Birth
Mailing Address		City
State	ZIP Code	E-mail Address
Day phone		Evening Phone

G. Real Estate Investment Trust – Provide information for a general partner or an officer.

Name of Trust		
General Partner or Officer's Name		Date of Birth
Mailing Address		City
State	ZIP Code	E-mail Address
Day phone		Evening Phone

H. Contract for Deed (if one exists) Information

Buyer's Name		
Street Address		City
State	ZIP Code	Day Phone

Section 4 – Rental Property Information

(List only those rental properties that are under the same exact ownership described in Section 3. Use a separate section for each property. If more than seven properties are under the same ownership and being registered on one application, photocopy page five and attach the additional information.)

- **Dwelling Unit** – Any room or group of rooms located within a dwelling and forming a single habitable unit with cooking, living, sanitary and sleeping facilities.
- **Rooming Unit** – Any room or group of rooms forming a single habitable unit used for living and sleeping, but not for cooking purposes.

Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

- Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____

Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

- Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____

Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

- Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____

Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____

Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____



Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____

Rental Property Address

Common Name of Property (if one)

Number of Units on Property: _____ Dwelling _____ Rooming _____

Designated Emergency Contact Person

Person's Name

Address _____ City _____ State _____ ZIP Code _____

Day Phone _____ Evening Phone _____

Entity or Person Responsible for Maintenance of Yard and Grounds

Owner Tenant Other (If other, complete information below.)

Entity or Person's Name

Address _____ City _____

State _____ ZIP Code _____ E-mail Address _____

Day phone _____ Evening Phone _____



Section 5 – Local Agent if Designated

(An owner who does not reside within Kansas City, Mo.; must designate a local agent who is over 18 years of age and is a resident of Kansas City, Mo., or who regularly attends a business office located in Kansas City, Mo.)

Agent's Name

Mailing Address

City

State

ZIP Code

E-mail Address

Day phone

Evening Phone

Section 6 – Owner's Agreement on Statements Made in the Application

The signature of the owner (an officer if the owner is a corporation, a partner if the owner is a partnership, or a member if the owner is a limited liability company) must be provided below.

I declare under penalty of false statement that to the best of my knowledge, the statements made on this application are correct and true.

Owner's Signature _____ Date _____

Section 7 – Important Information

It is a violation of Sec. 56-356 of the City code for an owner or responsible person to provide inaccurate information for the register of rental dwellings. Additionally, failure to register any changes in information within 30 days of a change is a violation of Sec. 56-353 of the City code.

Please deliver or mail your completed application to:

**Rental Registration
Neighborhood Preservation Division
4900 Swope Parkway, fourth floor
Kansas City, MO 64130**

Thank you for your cooperation.