CITY OF AMES - 304 AMES ST - AMES, TX 77575 - 936.336.7278

MULTI-FAMILY RESIDENCE LICENSE APPLICATION

ACCORDING TO CITY ORDINANCE 02019-06 ARTICLE 3.900, SECTION 3.902 - LICENSED REQUIRED (a), IT SHALL BE UNLAWFUL FOR ANY PERSON TO OWN, OPERATE, MANAGE, OR MAINTAIN AN APARTMENT COMPLEX IN THE CITY WITHOUT A CURRENT AND VALID LICENSE HAVING BEEN ISSUED FOR THE APARTMENT COMPLEX. ANY PERSON OWNING, OPERATING, MANAGING OR MAINTAINING AN APARTMENT COMPLEX AT MORE THAN ONE LOCATION SHALL OBTAIN A LICENSE FOR EACH SEPARATE LOCATION.

COMPLEX INFORMATION:

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

OWNER(S) INFORMATION:

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

ALL AUTHORIZED PROPERTY MANAGERS AND REGISTERED AGENTS OF THE OWNER:
(ATTACH ADDITIONAL SHEET IF NECESSARY)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____ Phone: _____

MORTGAGEE INFORMATION: (IF APPLICABLE)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____ Phone: _____

PLEASE PROVIDE THE FOLLOWING ATTACHMENTS:

A SITE PLAN DEPICTING:

1. THE TOTAL NUMBER OF ALL BUILDINGS WITHIN THE COMPLEX.
2. A DESCRIPTION OF THE USE OF EACH BUILDING.
3. THE LOCATION OF EACH BUILDING WITHIN THE COMPLEX.
4. THE NUMBER OF DWELLINGS UNITS CONTAINED IN EACH BUILDING.

A COPY OF A BLANK LEASE AGREEMENT THAT IS GIVEN TO ALL TENANTS.

A CERTIFICATION BY A PERSON LICENSED UNDER THE TEXAS STRUCTURAL PEST CONTROL ACT STATING THE MULTI-FAMILY DWELLING COMPLEX HAS BEEN SPRAYED AND TREATED FOR INSECTS, RODENTS AND VERMIN WITHIN THE PRECEDING SIX MONTHS.

PROPERTY INFORMATION:

TOTAL NUMBER OF UNITS: _____

ONE BEDROOM: _____

TWO BEDROOM: _____

THREE BEDROOM: _____

FOUR BEDROOM: _____

DOES THIS PROPERTY HAVE OWNER-OPERATED ALARM SYSTEMS? ☐ YES ☐ NO

IF "YES" HOW MANY? ____ AND WHAT TYPE? _____

ALARM COMPANY NAME: _____ PHONE: _____

DOES THIS PROPERTY HAVE ACCESS GATES? ☐ YES ☐ NO

TYPE OF ACCESS? ☐ KEYPAD ☐ RADIO ☐ INTERCOM ☐ KEY CARD

HOW MANY SWIMMING POOLS ARE LOCATED ON PROPERTY? _____

THIS PROPERTY IS A: ☐ SENIOR HOUSING ☐ ASSISTED LIVING ☐ HUD ☐ HATCH ☐ SINGLE RESIDENCE OCCUPANCY ☐ SEC 8 DWELLING

READ AND INITIAL EACH OF THE FOLLOWING:

____ I HEREBY ACKNOWLEDGE RECEIPT OF THE CITY OF DAYTON MULTI-FAMILY DWELLING ORDINANCE AND AGREE TO ABIDE BY THE SAME AS A CONDITION OF RECEIVING AND/OR MAINTAINING A REGISTRATION CERTIFICATE.

____ I HEREBY AGREE TO THE REQUIRED TENANT/LANDLORD INSPECTIONS REQUIRED BY THIS ORDINANCE AND THE AVAILABILITY OF MAINTENANCE RECORDS TO THE BUILDING INSPECTOR OR DESIGNATED REPRESENTATIVE.

____ UPON CHANGING OWNERSHIP OF THE APARTMENT COMPLEX, A NEW LICENSE AND SHALL BE OBTAINED WITHIN THIRTY DAYS OF THE CHANGE WITH THE FEE CHARGED FOR THE CHANGE ON A PRORATED BASIS. THE OWNER SHALL NOTIFY THE CITY WITHIN THIRTY DAYS OF A CHANGE OF OWNERSHIP, PROPERTY MANAGER, OR RESIDENT MANAGER.

____ I UNDERSTAND THAT THE ANNUAL FEE FOR A LICENSE, INCLUDING ANY REINSTATEMENT LICENSE RENEWAL UNDER SECTION 3.904, SHALL BE TWENTY-FIVE DOLLARS ($25.00) FOR

EACH DWELLING UNIT WITHIN AN APARTMENT COMPLEX. THE LICENSE FEE CALCULATION SHALL INCLUDE ALL OCCUPIED AND VACANT DWELLING UNITS. THE FEE FOR LICENSE ISSUED DURING THE YEAR SHALL BE PRORATED ON THE BASIS OF WHOLE MONTHS. THE FEE FOR ISSUING A REPLACEMENT FOR A LOST, DESTROYED, OR MUTILATED LICENSE IS TEN DOLLARS ($10.00).

____ I HEREBY CERTIFY THAT ANY ACCESS GATES AND SURVEILLANCE DEVICES ARE IN PROPER WORKING CONDITIONS.

____ I HEREBY CERTIFY THAT THE LANDLORD IS NOT INDEBTED TO THE CITY, INCLUDING, BUT NOT LIMITED TO INDEBTEDNESS RELATED TO AD VALOREM TAXES AND/OR UTILITIES.

____ I HEREBY CERTIFY THAT EACH AND EVERY UNIT OF THIS MULTI-FAMILY DWELLING COMPLEX IS EQUIPPED WITH AN APPROVED SMOKE DETECTOR DEVICE AND IS MAINTAINED IN PROPER WORKING ORDER.

____ I HEREBY CERTIFY THAT ALL OF THE INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT THIS IS AN OFFICIAL GOVERNMENT RECORD. I UNDERSTAND THAT KNOWINGLY MAKING A FALSE ENTRY OR OMITTING REQUIRED INFORMATION IN ONE OR MORE OF THE ABOVE FIELDS COULD RESULT IN CRIMINAL CHARGES AND DENIAL OR REVOCATION OF MY REGISTRATION.

_____ _____

Owner/Owner's Agent (PRINT) SIGNATURE

_____ _____

Property Manager (PRINT) SIGNATURE

_____

Date

AN INSPECTION OF THE PROPERTY WILL BE PERFORMED AFTER RECEIPT OF A COMPLETED APPLICATION.

ALL REPAIRS AND VIOLATIONS SHALL B E CORRECTED BEFORE THE REGISTRATION CERTIFICATE IS ISSUED OR RENEWED AND THE UNIT MAY NOT BE OCCUPIED UNTIL IT MEETS ALL THE CITY'S CODE REGULATIONS. IF DETAILED REPAIRS ARE NEEDED THE WORK MUST BE PERFORMED BY A LICENSED CONTRACTOR AND A PERMIT MUST BE OBTAINED.

LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

LICENSE IS NOT ASSIGNABLE OR TRANSFERABLE.

TO SUBMIT FORM PLEASE EMAIL IT TO ACARRINGTON@CITYOFAMESTEXAS.COM