

**COMPLETE APPLICATION AND SUBMIT  
PAYMENT OF \$25.00 TO:**

**City of Meadows Place  
One Troyan Dr  
Meadows Place, TX 77477**

Application for Residential Rental Property License

**INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED.**

**Address of Single Family Rental Property:** \_\_\_\_\_

**OWNER INFORMATION**

<b>(A) OWNER/INDIVIDUAL</b>				<b>(B) OWNER COMPANY, CORPORATION PARTNERSHIP (IF APPLICABLE)</b>			
Name:				Name:			
Residence Address:							
	Box/Unit/Apt:						
City:				City:			
State:		Zip:		State:		Zip:	
Date of Birth:				Agent/Manning Partner:			
Driver's License <i>it</i> :				Driver's License # :	Date of Birth:		
DL Issuing State:				Mailing Address To Accept Service of Process :			
Primary Phone #:				Primary Phone #:			
*Secondary Phone #:				*Secondary Phone #:			
*Fax Number:				*Fax Number:			
*E-Mail Address:				*E-Mail Address:			

**MANAGEMENT COMPANY or EMERGENCY CONTACT INFORMATION:**

Management Company/Emergency Contact: \_\_\_\_\_

Agent's Name (Natural Person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ \*Secondary Phone #: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

\_\_\_\_\_  
**OWNER OR AGENT SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

\* Optional Information Field