Jackson Township 60 N Ramona Rd Myerstown, PA 17067

New Short-Term Rental License Registration Application 717-866-4771 5200 Fee / \$200 Annual Renewal office@jacksontownship-pa.gov

www.jacksontownship-pa.gov

Rental Property Address:			Unit #	
Owner Information		el z zp. koz na		
Full Name:		Cell #:		
Last	First			
Address:				
Mailing Address		Physical Address (if mailing address is a PO Box)		
City		State	ZIP Code	
Email (required)				
	a Corporation, Partn	ership, LLC, Trust,	etc.	
Responsible Party Address *: *If mailing address is a F	PO Box - a physical a	ddress must also h	a listed	
Person In Charge	esides more than 15			
Name:	Address:			
Email (required)				
Signature:		Date:		
Property Information				
Type of Structure: Single Family / Duplex (1 st & 2 nd Fl units) / Mu	_# of Bedrooms: ulti-Family (3 or more	# of Off-Street F units)	Parking Spaces:	
Name of Trash Hauler:	Day	Day of Pick-Up:		
Is the property served by public sewer? If No, attach copy of original on-lot se	wage permit & last p	ump / inspection re	port (within 3 years)	
A COPY OF THE DEED M	UST BE INCLUDE	WITH THIS APP	PLICATION	
Dis	sclaimer and Signa	ature Management		
I certify that my answers are true and complet property, I am ultimately responsible for maint regardless of any agreements or leases with t compliance may result in loss of my rental lice inspect my rental property during normal busi	taining it compliance v tenants or the person ense. I also grant perr	with all Federal, Sta in charge. Failure to nission for the Code	te & Local Regulations o maintain the property in e Enforcement Officer to	
LICENSE M	UST BE RENEWE	OANNUALLY		
Owner Signature:			Date:	
Zoning Officer:		ate: P	ermit #	