

City of Charleston

CITY COLLECTOR'S OFFICE

304-348-8024

304-348-8157 FAX

**CORPORATE RENTAL PROPERTY APPLICATION
FINANCE DEPARTMENT**

Federal Employers ID _____

Social Security No. _____

Internally Assigned No. _____

Important: All applicable questions must be answered to properly classify business activities. Incomplete forms will delay processing of your application.

1. Business Name: _____

2. Attention To: _____

3. Mailing Address: _____

4. City: _____ 5. State: _____ 6. Zip: _____

7. Local Address if Different Than Above: _____

8. Work Phone: _____ 9. Home Phone: _____

10. Date Business Began in Charleston: _____

11. When Does Your Accounting Year Begin and End: _____

12. Where Are Your Records Kept: _____

13. Does this business own the property on which it is located? _____
If not, who is the owner and what is their address? _____

14. Does your rental property contain vending machines? _____ If yes, who is the owner and what is their address? _____

15. Description of your business: _____

16. Zoning Information:
- a. Was business location previously occupied? _____
 - b. Is applicant a continuation of that previous type of business? _____
 - c. Have you confirmed the zoning of this location? _____
 - d. What is the current zoning code? _____
 - e. Does this building conform to the current zoning codes? _____
 - f. Has zoning approval been requested by your office? _____
 - g. Approved By: _____ Approval Date: _____

17. Ownership: ÿ Sole Proprietor ÿ Partnership ÿ Other _____

List all principle officers, proprietors, partners or any individual owning more than 25% of the business.

A. Name: _____ Social Security Number: _____

Address: _____ Phone: _____

B. Name: _____ Social Security Number: _____

Address: _____ Phone: _____

C. Name: _____ Social Security Number: _____

Address: _____ Phone: _____

18. List all rental properties owned within the City of Charleston. Use additional sheets if necessary.

A. Address: _____

Date Purchased: _____ No. of Units: _____

Owner's Social Sec. No.: _____ Date Renting Began: _____

B. Address: _____

Date Purchased: _____ No. of Units: _____

Owner's Social Sec. No.: _____ Date Renting Began: _____

C. Address: _____

Date Purchased: _____ No. of Units: _____

Owner's Social Sec. No.: _____ Date Renting Began: _____

D. Address: _____

Date Purchased: _____ No. of Units: _____

Owner's Social Sec. No.: _____ Date Renting Began: _____

Signature of Owner or Authorized Agent

Title

Date