



City of Coffeyville
102 West Seventh Street
P.O. Box 1629
Coffeyville, Kansas 67337
www.coffeyville.com

City Clerk: 620-252-6108
City Building Inspector: 620-252-6128
Fax: 620-252-6175
information@coffeyville.com

Residential Landlord Occupation License

Date: \_\_\_\_\_

List my Landlord Contact Information on the City Website

Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord Name (owner) \_\_\_\_\_

Landlord Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_
Email \_\_\_\_\_

IF APPLICABLE

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_
Email \_\_\_\_\_

IF APPLICABLE

If the property is managed by a property manager, or if you live 60 miles outside the city limits and have an agent - complete below:

Manager or Agent Name \_\_\_\_\_

Manager or Agent Address \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Initial the following:

\_\_\_\_\_ I have received a copy of the Minimum Standards for Rental Housing.

\_\_\_\_\_ I have read and signed a copy of 2021 Landlord Leave On Agreement regarding utility services.
Attach copy with this application

(If Applicable) I hereby authorize and direct that any notices issued by the City, regarding the licensed property/properties, may be released to the Property Manager designated herein. I understand such notices may include, but are not necessarily limited to notices regarding code violations (tall grass; property defects; etc.). I understand if the Property Manager fails to address any issues described in a notice, the licensed property/properties may be subject to assessments for remedial actions taken by the City.

Signature \_\_\_\_\_

Completed by City Clerk

License Number \_\_\_\_\_

Annual License Fee: \$50.00 + \$2 per rental property/unit

Total fee: \_\_\_\_\_

License Period: January 1 to December 31