



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 _____
Address *City, State & Zip Code*

Phone _____ Email _____

IF APPLICABLE

Business Name _____

Business Address _____
Address *City, State & Zip Code*

Phone _____ 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

Signature

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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

