



WESTMINSTER  
COLORADO

## Department of Community Development Rental Property License Application

The City of Westminster complies with the Colorado Open Records Act (CORA). Public records include all writings made, maintained, or kept by the city, regardless of physical form or characteristic.

Licensee/Property Name \_\_\_\_\_

Rental Property Address \_\_\_\_\_, Westminster, CO, Zip \_\_\_\_\_

Type of Application: \*New  Renewal  Change in Property Information (Owner/Manager/Rental Unit #)

If change in number of rental units, please indicate reason for change \_\_\_\_\_

**\*Please include a site plan and a listing of unit numbers if this is a new application.**

### Building Information

Building Type

4-Plex  Townhouse (4 or more units)  Condo (4 or more units)  Multi-Family Apt (5 or more units)

Year Built \_\_\_\_\_ # of Stories \_\_\_\_\_ # of Buildings \_\_\_\_\_

Total # of Units \_\_\_\_\_ # of Model Units \_\_\_\_\_ # of Income Restricted Units \_\_\_\_\_

Indicate the number of each type of unit: Studio  1 Bdrm  2 Bdrm  3 Bdrm  4 Bdrm

Basement: Yes  No \_\_\_\_\_ Crawlspace: Yes  No \_\_\_\_\_

Leasing Office Address and Unit # (if applicable) \_\_\_\_\_

### Property Owner Information - If multiple owners, please complete requested information for EACH owner.

Property Owner Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ \*\*E-mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Managing/Local Agent Information (if other than Owner)

The City of Westminster requires all owners of residential rental property to assign a Local Agent to receive legal service of process. Owners residing or operating a permanent place of business in Westminster, or within a fifty (50) mile radius of the rental property may designate themselves. **Owners who do not reside or operate a permanent place of business in Westminster (or within a fifty (50) mile radius of the rental property) MUST designate a Local Agent who resides or operates a permanent place of business within a fifty (50) mile radius of the rental property.** A local agent may include but is not limited to a designated family member, friend, or tenant.

Property Management Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Phone ( ) \_\_\_\_\_ \*\*E-mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Site Manager Information** (if different than Managing/Local Agent)

Name \_\_\_\_\_ Title \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

Phone ( ) \_\_\_\_\_ \*\*E-mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Representation and Signatures**

Please check one of the following statements.

\_\_\_\_\_ Owner designates self as Local Agent and resides or operates a permanent place of business within fifty (50) miles of the rental property.

\_\_\_\_\_ Owner designates the Managing/Local Agent to act as owner's authorized representative.  
**PLEASE NOTE: Property Managers, Local Agents or Operators must attach proof of authority to act as owner's authorized representative. Managing/Local Agent/Site Manager MUST sign below to accept responsibility for service of legal process.**

*By signing below, I assert, under penalty of perjury, that the above information is true, correct and complete and that, to the best of my knowledge, it contains no false or misleading information. I also attest, as is required by WMC § 5-12-5, as follows:*

- *I am in good standing for any other permits or licenses issued by the City of Westminster;*
- *Every unit of my rental property complies with the requirements set forth in WMC, Title XI, Chapter 12;*
- *I will promptly notify the city of changes to any of the information provided above; and*
- *I will not obstruct a City inspection of my rental property that is being conducted pursuant to WMC, Title XI, Chapter 12.*

**Owner Signature (Required)**

Name \_\_\_\_\_  
Please print

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Managing/Local Agent or Site Manager (Required)**

Name \_\_\_\_\_  
Please print

Title \_\_\_\_\_  
Please print

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* Email is the primary method of correspondence used by Rental Properties.**

Please send completed forms to:

Rental Properties  
Department of Community Services  
4800 W 92<sup>nd</sup> Ave.  
Westminster, CO 80031  
Email: [rentalhousing@westminsterco.gov](mailto:rentalhousing@westminsterco.gov)