



**LANDLORD BUSINESS PERMIT**

**LANDLORD PERMIT NUMBER** \_\_\_\_\_

**OWNER**

Legal Owner Name/Business Name:

Owner Address:

Phone:

Email:

**PROPERTY MANAGER/OPERATOR**

Property Manager/Operator Name:

Contact Name/Registered Agent:

Phone:

Business Address:

Email:

A Landlord Business Permit Fee of \$50.00 is due to the City of Lisbon at time of the application.

**Applicant Signature:**

**Date:**

Pursuant to Chapter # of the City of Lisbon City Ordinance, this application is submitted to obtain a permit to lease, rent or otherwise allow a dwelling unit or rental unit to be occupied for rental purposes. Should any permit information change, the City of Lisbon must be notified by submitting a Change of Information Form within thirty (30) calendar days of the change occurring. Failure to comply with the provisions of this Chapter or to falsify any information on this application may result in the revocation, suspension or denial of this permit. Fees, fines and penalties will be assessed in accordance to law.

**Submit application and fees to the City of Lisbon, 115 N Washington St., PO Box 68, Lisbon, IA 52253**

**Phone: 319-455-2459 Email: lisboncityclerk@cityoflisbon-ia.gov**