



City of Mountain Home

720 S. Hickory St.
Mountain Home AR 72653
Phone: 870-425-2550
Email: janderson@cityofmountainhome.com

Please complete ALL appropriate items on this application.

Please Check One New Application Application Renewal Change of Address Change of Rental Name

Rental Name: _____

Corporate Name: _____
(If applicable)

Residential Rental Location: _____

City	State	Zip
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Mailing Address: _____

City	State	Zip
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Email: _____

Business Phone No. _____ Fax No. _____

Description of Rental: _____

Ownership: Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Property Owner

Property Owner Name: _____ Phone: _____

Mailing Address: _____

City	State	Zip
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Email: _____

Enter below names of each Property Owner Name(s) (attach additional sheet if necessary)

1st Owner Name: _____ Title: _____

Mailing Address: _____

Phone No. _____ Email: _____

2nd Owner Name: _____ Title: _____

Mailing Address: _____

Phone No. _____ Email: _____

Authorization

RESIDENTIAL RENTAL APPLICATION

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my residential rental property in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license. By signing this application you will allow code officials employed by the City of Mtn. Home to preform inspection(s) of all rental properties

Name of Owner or Representative: _____ Date: _____

Signature of Owner or Representative: _____ Date: _____

Please call the Mtn. Home Fire to schedule an appointment for an inspection 870-425-2611

Before any Residential Rental Property shall be issued a Residential Rental Permit or Occupy a Residential Rental Property within the City of Mtn. Home, an inspection of each residence shall be conducted according to the Mtn.Home Fire Prevention Code.

Preferred date/time of inspection? _____

On-Site Contact: _____ Phone No.: _____

Official Use Only

Fire Department Official: _____ Date: _____