PLEASE COMPLETE AND SUBMIT WITH PAYMENT

City of Rainier
P.O. Box 100
Rainier, OR 97048

Landlord Business License Application

Calendar Year: 2027

Landlord Name: _____

Mailing Address: _____
Street City State Zip Code

Phone: _____

Emergency Contact and Phone Number: _____

Annual Fee
January 1st through December 31st

Rentals
$45.00 for 1 unit + $5.00 for Each Additional Unit (Commercial & Private)
Total Unit #_____ **$**_____

Penalty
$15.00 (Renewals received after January 31) $_____

Total Amount Submitted with Application **$**_____

Landlord Agreement

Check one: Owner: _____ Trustee: _____ Property Manager: _____

Check one:

_____ I agree that water/sewer service will be left on and billed to the address above when any tenant's account is closed, and I agree to pay for all water/sewer charges until an account is opened in the name of a tenant. **(leave on between tenants**)

I understand that it is my responsibility to notify the City of Rainier to terminate the billing in My name when the property is rented. I also understand that I am responsible for the billing up to such a time that the City of Rainier receives proper notification

_____ I disagree that the water/sewer service will be left on. I understand that the water/sewer service will be terminated when the tenant's account is discontinued for any reason and the City of Rainier assumes no responsibility for any expenses, costs or damages of any kind arising from the termination of the water/sewer service**. (shut off between tenants)**

I understand that there will be a $25.00 turn-on fee each and every time the service is activated. Re: cleaning, inspections, etc.

_____ I wish to receive notices by mail of pending water shut off due to non-payment by tenant.

Properties Covered:_____

(Please list service addresses) *(If additional space is needed, please attach a separate page.)*

Notice:
Acceptance of business license application does not certify that applicant has complied with all City Code provisions.

Signature of Applicant_____
Date _____

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City Use Only
Date Received_____ Receipt #:_____