



Rental Registration Application

Phone 913-477-7725
17101 W. 87th Street Pkwy.
Lenexa, KS 66219

Section 1. List all rental properties to be licensed by this owner of record.

Licensing fees are calculated by the types of properties being rented. You will be contacted with the annual licensing amount due.

Property Address (list clubhouse address for apartments)	Type of Property (single family, duplex, apartment)	# of Rental Units (Apartment only)	Indicate if property is offered for short term (ST) – such as AirBnB or VRBO - or long term (LT) - 30 days or more

If you intend to rent the above property(ies) only during the 2026 World Cup event (approximately 6 weeks in June and July 2026), please check here: ☐

Please beware the city code requires the following of property owners and/or agents:

As the property owner I understand I am responsible for:

1. Providing and maintaining a 1-A-5-BC classification **fire extinguisher** for each rental unit.
2. Ensuring interconnected, working **smoke alarms** are provided for each level of the unit, one in each sleeping area and one outside the sleeping areas.
3. Ensuring working, interconnected **carbon monoxide** alarms are provided outside each sleeping area.
4. By submitting this application, I am giving my free and voluntary consent to an exterior inspection performed by Community Standards of all rental properties associated with my rental license to ensure compliance with Lenexa City Code 2-16-A-6 Licensing Standards.
5. Maintaining the rental dwelling and surrounding premises in compliance with all applicable Building and Housing Codes materially affecting health and safety, and all applicable City Codes including occupancy standards outlined in the Unified Development Code.

By signing Section 2 and/or 3 on the following page, I declare under penalty of perjury that the statements made herein are true and correct.

Section 2. Owner of Record

Choose one: ☐ Natural Person ☐ Business (corporation, LLC, trust, non-profit, etc.)

If owned by a legal entity/business, proof of good standing from the Secretary of State in the state in which the entity is registered is required.

Name _____ Date of Birth ____/____/____

Name of Officer or Responsible Partner (if owned by a business) _____

Address (PO Box not accepted) _____

City _____ State _____ Zip _____ Phone () _____

Cell Phone () _____ E-Mail Address _____

Signature of property owner: _____ Title _____

If the property owner resides out-of-state or is an out-of-state business entity, and does not have an in-state manager, then the owner shall designate, by completing Section 3 below, an owner's agent who shall reside in Johnson County, Kansas.

Section 3. Owner's Agent or Manager

Choose one: ☐ Natural Person ☐ Business (corporation, LLC, trust, non-profit, etc.)

Name _____ Date of Birth of Responsible Partner ____/____/____

Name of Officer or Responsible Partner (if managed by a business) _____

Address (PO Box not accepted and must be in Johnson County, KS) _____

City _____ State _____ Zip _____ Phone () _____

Cell Phone () _____ E-Mail Address _____

Signature of Agent/Manager: _____