



## Rental Registration Application

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

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Section 1. 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 \_\_\_\_\_ Title \_\_\_\_\_

**If the above person or business is not located in the state of Kansas, Section 2 below is required. If this does not apply, please proceed to Section 3.**

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### **Section 2. Owner's Agent or Manager (only required if owner lives out-of-state)**

**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 \_\_\_\_\_

**Section 3. List all rental properties to be licensed by this owner of record.**

Property Address	Type of Property (single family, duplex, apartment)	# of Rental Units (if applicable)

**Note: If you have additional properties, please attach additional pages.**



**Please beware the city code requires the following of property owners:**

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.

**By signing Section 1 &/or 2 above, I declare under penalty of perjury that the statements made herein are true and correct.**