



Life Connected.

**Development Services**

142 N. Ohio St.

Celina, TX 75009

(972) 200-3621

[permits@celina-tx.gov](mailto:permits@celina-tx.gov)

**Rental Registration Application**

**Property Type**

_____ Single Family Home or Duplex - \$50 per unit	_____ Multi Family - \$150 + \$20 per unit Number of units: _____
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**Property Information**

Owner Name: _____			
Address: _____		City: _____	State: _____ Zip: _____
Owner Mailing Address: _____		City: _____	State: _____ Zip: _____
Telephone: Main: _____	Mobile: _____	Email: _____	

**Property Management Information (if applicable)**

Company Name: _____			
Contact Name: _____			
Address: _____		City: _____	State: _____ Zip: _____
Telephone: Main: _____	Mobile: _____	Email: _____	

**Registrations are non-transferable. If you have any questions regarding permitting and/or submittal process, please contact the City of Celina Community Services Department.**

I (applicant) acknowledge that I have read and understand this Application and Guidelines document. I hereby certify all information in this application, and any required addendums or attached documents, are true to the best of the applicant's knowledge and belief. I acknowledge the permit applied for is subject to revocation or suspension if the Establishment fails to comply with applicable City of Celina Ordinances and/or State of Texas Laws. Permit is non-transferrable, and expires December 31 of year of issuance. Permit is subject to late fees if renewal fees are received after expiration date.

**APPLICANT NAME(Print):** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_