

Luzerne Borough
Landlord Registration/License Application
Registration Year _____

Please Mail Application to:
Luzerne Borough Building
144 Academy Street
Luzerne, PA 18709

Property Address: _____

Property Management and Owner Information:

Owner's Name _____ **Address** _____

Phone Number _____ **Email** _____

Property Manager's Name _____ **Address** _____

Phone Number _____ **Email** _____

Signature of Applicant _____ **Date** _____

Property Information:

Number of Units _____ **@ \$25.00 each =** _____

Actual Number of Occupants _____ **Maximum Occupancy Per Unit** _____

Number of Smoke Detectors _____ **Number of Fire Extinguishers** _____

Names of Current Tenants by Address & Unit:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Application must be completed In full and Legibly Printed
Landlords must register anyone living in a unit 18 years and older
Payment of \$25.00 per unit.