



# City of Maywood

4319 East Slauson Avenue • Maywood, California 90270

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## APARTMENT LICENSE APPLICATION

PLEASE TYPE OR PRINT LEGIBLY.

1. OWNER'S NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STREET, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
(PROPERTY IN MAYWOOD)

2. MAILING ADDRESS: \_\_\_\_\_  
CITY, STREET, ZIP: \_\_\_\_\_

3. OWNER'S NAME; \_\_\_\_\_  
OWNER'S ADDRESS: \_\_\_\_\_  
CITY, STREET, ZIP: \_\_\_\_\_  
OWNER'S HOME PHONE: \_\_\_\_\_  
(ADDRESS CURENTLY LIVING IN)

4. 1<sup>ST</sup> CONTACT NAME: \_\_\_\_\_  
EMERGENCY#: \_\_\_\_\_  
2<sup>ND</sup> CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

5. DESCRIPTION OF PROPERTY: \_\_\_\_\_

6. IF APARTMENTS HOW MANY UNITS: \_\_\_\_\_

7. SOCIAL SECURITY #: \_\_\_\_\_

8. DRIVER'S LICENSE #: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_