



**RENTAL REGISTRATION PROGRAM**

**MULTI-FAMILY BUILDING REGISTRATION APPLICATION**

**PLEASE NOTE:** A registration application must be submitted for **each building under your ownership**. Should a single property contain more than one (1) building, a property registration application must be completed for each individual building.

**PRINT AND MAIL TO:**

**City Clerk – Rental Registration, Attention: Allison Pease, City of Lewiston, 27 Pine Street, Lewiston, ME 04240.**

Any changes to the name, business or residence address, cell and primary telephone numbers, or email address of the legal owner or owners, business operator, property manager or emergency contact for the building that occur more than thirty days in advance of March 1st of each year must be reported to the City Clerk within fifteen days of its occurrence. The City Clerk may reject any registration application where the application is incomplete or has been determined to include inaccurate information. Buildings with rejected registrations will be considered unregistered.

**\*Required Information**

<b>SECTION 1: PROPERTY ADDRESS</b>			
Street Number*	Street Name*	Building ID (if applicable)	Parcel ID Number*

<b>SECTION 2: OWNERSHIP AND CONTACT INFORMATION.</b>		
The individual OR legal entity who/that holds the deed to the property.		
Individual Ownership Information		
First Name*	M.I.	Last Name*
Street Address*	City and State*	Zip Code*
Primary Phone*	Cell Phone*	Email Address*
If owner is not an individual: Owner is (Select One):      ___ Partnership      ___ LLC      ___ Corp      ___ Other If you selected other, please explain: _____		
IF THE OWNER IS NOT AN INDIVIDUAL, A SEPARATE CORPORATE DISCLOSURE FORM MUST ALSO BE COMPLETED. HARD COPY DISCLOSURE FORM IS LOCATED AT: <a href="http://www.lewistonmaine.gov/corporatedisclosure">http://www.lewistonmaine.gov/corporatedisclosure</a>		
Corporate Name*	Primary Phone*	
Mailing Address*	Email Address*	

**SECTION 3: BUSINESS OPERATOR**

Individual with legal ownership interest who is responsible for financial, maintenance and policy decisions.

First Name*	M.I.	Last Name*
If the "Business Operator" is the same as "Owner", go to section 4. If contact information is different than "Owner" this section must be completed:		
Street Address*	City and State*	Zip code*
Primary Phone*	Cell Phone*	Email Address*

**SECTION 4: PROPERTY MANAGER**

Individual with whom the City will schedule inspections and who performs day-to-day maintenance responsibilities.

First Name*	M.I.	Last Name*
If the "Property Manager" is the same as "Owner", go to section 5. If the "Property Manager" is the same as "Building Operator", go to section 5. If contact information is different than "Owner" or "Building Owner" this section must be completed:		
Property Management Company Name (If applicable)*		
Street Address*	City and State*	Zip code*
Primary Phone*	Cell Phone*	Email Address*

**SECTION 5: EMERGENCY CONTACT**

Individual who responds 24/7 to emergency calls from the tenants and public safety personnel.

Contact Name*	After Hours Emergency Phone*	
If the "Emergency Contact" is the same as "Owner", go to section 6. If the "Emergency Contact" is the same as "Building Operator", go to section 6. If the "Emergency Contact" is the same as "Property Manager", got to section 6. If contact information is different than "Owner" or "Building Owner" or "Property Manager" this section must be completed:		
Property Management Company Name (If applicable)*		
Street Address*	City and State*	Zip code*
Primary Phone*	Cell Phone*	Email Address*

**SECTION 6: DWELLING UNITS AND SAFETY FEATURES FOR RENTAL UNITS**

All questions in this section must be answered.

Does the owner live in this building? (Check One) YES  NO

Please insert a number for the questions below:		Please answer yes or no for the questions below:	
Type of Unit:	How many:	Does the building have a central fire alarm system?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many residential floors	_____	↳ If yes, is the system monitored?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vacant	_____	Is there a sprinkler system?	YES <input type="checkbox"/> NO <input type="checkbox"/>
1 bedroom	_____	Has the building ever been inspected for lead hazards?	YES <input type="checkbox"/> NO <input type="checkbox"/> or DON'T KNOW <input type="checkbox"/>
2 bedroom	_____	↳ If yes, what year? _____	
3 bedroom	_____	Has the building ever been cleared of lead hazards?	YES <input type="checkbox"/> NO <input type="checkbox"/> or DON'T KNOW <input type="checkbox"/>
4 bedroom	_____	↳ If Yes, what year? _____	
5+ bedroom	_____	Is there a lead maintenance plan for the building?	YES <input type="checkbox"/> NO <input type="checkbox"/> or DON'T KNOW <input type="checkbox"/>

**SECTION 7: NAME OF INDIVIDUAL COMPLETING APPLICATION**

First Name* (Please Print)	M.I	Last Name* (Please Print)
Email Address*		
Signature		Date

**IF BUILDING IS INDIVIDUALLY OWNED:**

Your application is now complete and can be submitted.

**IF BUILDING IS NOT INDIVIDUALLY OWNED:**

Each ownership entity (corporation, LLC, partnership, etc.) must complete and submit **ONE Corporate Disclosure Form**. This one form will cover all buildings owned by each entity.

Hard copy of disclosure is available at the following link:

<http://www.lewistonmaine.gov/corporatedisclosure>