



CITY OF FRISCO

GEORGE A. PUREFOY MUNICIPAL CENTER
6101 FRISCO SQUARE BLVD., 3RD FLOOR
FRISCO, TEXAS 75034

TEL: 972.292.5301 FAX: 972.292.5313
www.friscotexas.gov

MULTI-FAMILY LICENSE APPLICATION

MFAM _____ - _____

License not transferable **NEW** **RENEW** Year 20_____

PROPERTY INFORMATION (Required)

PROPERTY NAME: _____
PROPERTY ADDRESS: _____
CONTACT PERSON: _____ TITLE: _____
PHONE: _____ EMAIL: _____
MAINTENANCE MANAGER: _____
PHONE: _____ EMAIL: _____
YEAR BUILT: _____ NUMBER OF BUILDINGS: _____ TOTAL NUMBER OF UNITS: _____
NUMBER OF POOLS: _____ NUMBER OF SPAS: _____ GATED ACCESS (YES OR NO): _____

PROPERTY OWNER INFORMATION (Required)

OWNERSHIP TYPE: SOLE PROPRIETOR PARTNERSHIP CORPORATION TRUST OTHER: _____
NAME OF OWNER/REPRESENTATIVE: _____
OWNER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____

MANAGEMENT CONTACT PERSON

TYPE: MANAGEMENT COMPANY OPERATOR AGENT OTHER: _____
CONTACT PERSON: _____ TITLE: _____
EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

FEES: FIVE DOLLARS (\$5.00) PER UNIT; \$200.00 MINIMUM

***ADDITIONAL HANDLING FEE OF \$5.00 TO MAIL LICENSE**

TOTAL NUMBER OF UNITS: _____ X \$5.00 PER UNIT = \$ _____
(AMOUNT DUE)

MAKE CHECKS PAYABLE TO: CITY OF FRISCO – BUILDING INSPECTIONS
ATTN: MULTI-FAMILY INSPECTIONS
6101 FRISCO SQUARE BLVD, 3RD FLOOR
FRISCO, TEXAS 75034

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:		
CASH	CHECK	CHARGE
DATE: _____		
RECEIPT NO: _____		