



NEIGHBORHOOD SERVICES DIVISION

200 EAST WOOD STREET • PALATINE, IL 60067-5339

Telephone (847) 202-6673

www.palatine.il.us

RENTAL DWELLING OPERATING LICENSE APPLICATION

FAXED OR EMAILED NEW APPLICATIONS ARE NOT ACCEPTED
PAYMENT MUST BE SUBMITTED WITH NEW APPLICATION

PLEASE PRINT

RP _____ - _____

(For office use only)

TYPE OF RENTAL DWELLING:

() Single Family House () Condominium () Townhouse () Multi-Unit Building

ADDRESS OF RENTAL DWELLING _____ UNIT NOS. _____

NUMBER OF RENTAL UNITS TO BE LICENSED _____ LICENSE TO BE SENT TO OWNER? Yes _____ No _____ (Check one)

Owner - List all name(s) below

Trust - List name(s) of Trustee or Primary Beneficiary

Corporation, Firm or LLC - List name of corporation, firm, LLC or partnership and name of signing Member, Officer or Partner

DO NOT LIST RENTAL ADDRESS AS OWNER'S MAILING ADDRESS

OWNER NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY PHONE _____ HOME PHONE _____ CELL PHONE _____ (REQUIRED)

EMAIL ADDRESS _____

PRINT CLEARLY

LIST BELOW ALL DESIGNATED AGENT(S) FOR SERVICE OF VIOLATION (IF DIFFERENT THAN LISTED ABOVE) AS REQUIRED IN CHAPTER 10, ARTICLE 4

ALL AGENTS FOR THIS PROPERTY MUST BE LISTED. USE REVERSE SIDE OF APPLICATION IF NECESSARY

IF MANAGED BY A PROPERTY MGMT COMPANY, INDIVIDUALS APPEARING FOR INSPECTION MUST ALSO BE LISTED AND SIGN APPLICATION

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY PHONE _____ HOME PHONE _____ CELL PHONE _____ (REQUIRED)

THIS LICENSE APPLICATION REPLACES ANY APPLICATION CURRENTLY ON FILE FOR THIS PROPERTY
IF OWNER OR AGENT ADDRESS CHANGES, A NEW APPLICATION FORM MUST BE SUBMITTED
ALL LICENSING CORRESPONDENCE IS MAILED TO OWNER ONLY

I understand the issuance of this license is conditional upon compliance with all Village Ordinances, completion of the Crime Free Multi-Housing Seminar, and the results of any inspection of above premises at this time or any subsequent inspection while this license is in force.

Required Signature(s) of Owner(s) _____ Date ____/____/____

Required Signature(s) of Agent(s) _____ Date ____/____/____

LIST BELOW ADDITIONAL DESIGNATED AGENT(S) FOR SERVICE OF VIOLATION (IF DIFFERENT THAN LISTED ABOVE) AS REQUIRED IN CHAPTER 10, ARTICLE 4

A CHANGE OF AGENT MAY REQUIRE RECERTIFICATION IN THE CRIME FREE MULTI-HOUSING PROGRAM.

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY PHONE _____ EMAIL ADDRESS _____
(REQUIRED)

REQUIRED SIGNATURE _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY PHONE _____ EMAIL ADDRESS _____
(REQUIRED)

REQUIRED SIGNATURE _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY PHONE _____ EMAIL ADDRESS _____
(REQUIRED)

REQUIRED SIGNATURE _____