



RENTAL RESIDENTIAL LICENSE APPLICATION

FOR OFFICE USE ONLY

FORM UPDATED 3/16/2015

License Fee \$ _____ Date Paid _____ Check Number _____

License Number _____ Control Number _____

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APPLICANT INFORMATION

1. Property Address (and Unit Number(s) if applicable) _____

2. Property Owner's Name _____

3. Property Owner's Address _____

4. Property Owner's Email Address _____

5. Property Owner's Phone Numbers (home) _____ (work) _____

Application must include name, address, and home and work telephone numbers of each and every owner of a rental property (§ 6.37.050 A.1. of the Elgin Municipal Code, 1976, as amended). Attach additional forms as necessary.

6. Additional Owner's Name _____

7. Additional Owner's Address _____

8. Additional Owner's Email Address _____

9. Additional Owner's Phone Numbers (home) _____ (work) _____

A property owner who is not a resident of the city shall provide the name, address, and telephone number of his/her agent with the authority for receipt of service or notice of a violation of the provisions of Chapter 6.37 "Rental Residential Property" of the Elgin Municipal Code, 1976, as amended (§ 6.37.050 A.4. of the Elgin Municipal Code, 1976, as amended).

10. Agent/Manager's Name _____

11. Agent/Manager's Address _____

12. Agent/Manager's Phone Numbers (home) _____ (work) _____

13. Agent/Manager's Email Address _____

CONTINUED ON NEXT PAGE →

14. Landlord Training Class Completed? (Yes)** (No)
** Copy of training class certificate **MUST** be attached if not already on file with the City of Elgin.

15. Send Renewals and Licenses To? (Property Owner) **OR** (Agent/Manager)

PROPERTY INFORMATION

16. Building Type (Detached Single-Family Home) (Other)
17. Year Built (Before 2000) (During or After 2000)
18. Building Ever Previously Occupied? (Yes) (No)
19. Number of Dwelling Units on Property Owned by Property Owner(s) _____
20. Is/Are Dwelling Unit(s) Occupied Now? (Yes, All) (Some) (None)
21. Number of Paved, Off-Street Parking Spaces (Include Garage Spaces) _____
22. Special Instructions (e.g. Location of Entrance for Unit, Gated Access Code and/or Instructions, Etc.) _____
- _____

DWELLING UNIT INFORMATION & ROOM MEASUREMENTS

Complete this section when the application pertains to **ONLY ONE DWELLING UNIT**. Where the application pertains to more than one dwelling unit, skip this section and complete and attach the separate "Additional Dwelling Unit Room Measurements" form for ALL units.

Adult Tenant Name(s) _____

Kitchen (L X W) _____ Bedroom (L X W) _____

Dining Room (L X W) _____ Bedroom (L X W) _____

Living Room (L X W) _____ Bedroom (L X W) _____

Other (L X W) _____ Bedroom (L X W) _____

Total Square Feet of All Habitable Rooms _____

APPLICANT ACKNOWLEDGEMENT

By my signature below, I attest that the information provided herein is true and correct to the best of my knowledge. Also, I understand and acknowledge that, whenever ownership of this rental residential property changes and/or the agent/manager changes, the property owner(s) is required to file an updated written application within thirty (30) days of such changes.

Property Owner

Date

APPLICATION SUBMITTAL & CONTACT INFORMATION

SEND COMPLETE APPLICATION AND PAYMENT in person, by mail, by e-mail, or by fax to:

Crystal McGuire, Rental License Coordinator
City of Elgin Community Development Department
150 Dexter Court, Elgin, IL 60120-5555
(847) 931-5920 voice
(847) 931-6790 fax
m McGuire_c@cityofelgin.org

END OF APPLICATION



RENTAL RESIDENTIAL LICENSE ADDITIONAL DWELLING UNITS ROOM MEASUREMENTS FORM

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APPLICABILITY AND CONTACT INFORMATION

This form is a companion form to the Rental Residential License Application, and it is intended to be used only where an application for residential rental license pertains to more than one dwelling unit. Additional copies of this form may be attached as required. Contact the Rental License Coordinator within the Community Development Department at (847) 931-5920 with any questions.

PROPERTY INFORMATION

Property Address (and Unit Numbers) _____

DWELLING UNIT NUMBER _____ ROOM MEASUREMENTS

Adult Tenant Name(s) _____

Kitchen (L X W) _____ Bedroom (L X W) _____

Dining Room (L X W) _____ Bedroom (L X W) _____

Living Room (L X W) _____ Bedroom (L X W) _____

Other (L X W) _____ Bedroom (L X W) _____

Total Square Feet of All Habitable Rooms _____

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Other (L X W) _____ Bedroom (L X W) _____

Total Square Feet of All Habitable Rooms _____

APPLICANT ACKNOWLEDGEMENT

By my signature below, I hereby attest that the information provided within this application is true and correct to the best of my knowledge.

Property Owner

Date

END OF APPLICATION