



**Community Development Department
3600 Kirchoff Rd
Rolling Meadows, IL 60008
(847) 506-6030**

Application for License to Operate an Attached/Detached Single Family Rental Dwelling

Application Year _____ - _____

Please complete all sections of the application. Print or type information. A license will not be issued if all information is not furnished. License fee must accompany this application.

Address of Property _____

Property Tax Index Number (PIN) _____

OWNERSHIP INFORMATION

Owner Name _____

Address _____

City, State, Zip _____

Home Number _____ Business Number _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

24 Hour Emergency Phone Number _____

TENANT INFORMATION

Tenant Name(s) _____

Phone Number _____ Number of Occupants _____

I understand the issuance of a license is conditioned upon compliance with all applicable City Codes and that said license may be revoked for cause. All information provided in this application is true and correct to the best of my knowledge:

Signature of owner or manager

Date

FEE AMOUNT \$ _____