



# Application - Residential Rental License

1050 WEST ROMEO ROAD ROMEOVILLE, ILLINOIS 60446

TEL 815-886-7215 - FAX 815/886-7107

## APPLICATION MUST BE COMPLETED ENTIRELY

*License fee: \$75/Single family dwelling, \$65/subsequent Single family dwelling; \$100/ Apartment or multi-family building (more than one unit per building)*

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable.

Date of Application: \_\_\_\_\_

Property Type:  Single Family Dwelling(s)

Apartment: Number of Buildings: \_\_\_\_\_

## LEGAL PROPERTY OWNER INFORMATION

*Full legal names, addresses, and home and business phone numbers of every firm, partnership, limited liability corporation or other entity and every officer and it's registered agent of a corporation is required. Trust beneficiaries must also be disclosed, including percentage of ownership. Attach additional pages if more space is needed. **P.O. Boxes are NOT acceptable.***

Individual     Firm     Partnership     LLC     Other: \_\_\_\_\_

Name of Legal Owner(s): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Primary Contact Person/Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

## LOCAL AGENT/MANAGER INFORMATION (Required for all legal owners with 5 or more rental properties living more than 50 miles from property and/or outside the State of Illinois)

Full name, address, and home and business phone numbers of property manager/management Company. Attach additional pages if more space is needed, or to list additional persons. P.O. Boxes are NOT acceptable.

Name of Agent/Management Company: \_\_\_\_\_

Name of Local Agent(s): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Address of Rental Property 1: \_\_\_\_\_  
Mailing Address City State Zip Code

Address of Rental Property 2: \_\_\_\_\_  
Mailing Address City State Zip Code

Address of Rental Property 3: \_\_\_\_\_  
Mailing Address City State Zip Code

Address of Rental Property 4: \_\_\_\_\_  
Mailing Address City State Zip Code

Address of Rental Property 5: \_\_\_\_\_  
Mailing Address City State Zip Code

***(Please attach additional pages if needed)***

I, the undersigned, do hereby acknowledge and agree to the following:

1. The information in this application is true and correct.
2. I have read and understand Chapter 156 Residential Rental License of the Romeoville Code of Ordinances.  
(Available at [www.romeoville.org](http://www.romeoville.org) or at the Romeoville Village Hall)
3. The Village of Romeoville shall be notified of any change of information within ten (10) days.
4. I, the owner or local agent, shall be reasonably accessible to the Village at any time, and shall maintain a local office available for contact in Illinois.
5. An inspection and re-inspection of the property may be conducted to determine whether the property is in compliance with the Residential Rental License ordinance or other applicable ordinances of the Village of Romeoville.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Document Delivery Method:  E-Mail  U.S. Postal Service

*(Please make checks payable to Village of Romeoville, and if sending by mail, please send to: Village of Romeoville, Police Dept., c/o Crime Free Housing, 1050 West Romeo Rd., Romeoville, IL 60446)*

**Do Not Write Below – For Village of Romeoville Official Use Only**

Fee Due: \$ \_\_\_\_\_ Paid Date: \_\_\_\_\_ Method: Cash/Check# \_\_\_\_\_ CFH Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New License  Renewal  Inspection Required  Inspection NOT Required

**Note: This signed application shall serve as the temporary rental license issued by the Village of Romeoville.**