



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

## **Application for License to Operate a Condominium 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 \$** \_\_\_\_\_