



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

## Application for License to Operate an Apartment Rental Dwelling

Application Year \_\_\_\_\_ - \_\_\_\_\_

Please print or type information. A license will not be issued if all information is not furnished.  
 License fee must accompany this application.

**Complex Name** \_\_\_\_\_

Address of Building \_\_\_\_\_

Number of units within this building \_\_\_\_\_

### OWNERSHIP INFORMATION

**Owner/Landlord Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ 24 Hour Emergency Number \_\_\_\_\_

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 the application is true and correct to the best of my knowledge:

\_\_\_\_\_  
 Signature of owner or manager Date

**FEE AMOUNT \$** \_\_\_\_\_

\*\*\*\*\*

**\* FOR OFFICE USE ONLY \***

New       Renewal       Approved       Denied

Date License Paid: \_\_\_\_\_

Initial Inspection Schedule: \_\_\_\_\_ Re-inspection Date (if applicable): \_\_\_\_\_

Compliance Date: \_\_\_\_\_

---

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
 Approved by Date