

# Residential Rental Business License Application

In accordance with Ordinance 02-0-37

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

## Rental Property Information:

Property Address: \_\_\_\_\_  
PIN Number: \_\_\_\_\_ Current Zoning: \_\_\_\_\_  
Number of Units: \_\_\_\_\_ No. Occupied: \_\_\_\_\_ No. Vacant: \_\_\_\_\_  
Date of Purchase: Month \_\_\_\_\_ Year \_\_\_\_\_  
Current Occupancy Permit: \_\_\_\_\_ Zoning Letter Attached: \_\_\_\_\_

## Property Owner(s) Information: (Include all owners, add sheet if necessary)

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address: (Not PO Box) \_\_\_\_\_  
City State Zip  
24-Hour Emergency No: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
24-Hour Emergency No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Total number of properties owned in the City of Waukegan: \_\_\_\_\_

## Property Manager(s) Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_ 24-Hour Emergency: \_\_\_\_\_ Fax: \_\_\_\_\_

## Department use only:

### Annual Inspection

Inspector's Name: \_\_\_\_\_  
Date of Annual Inspection: \_\_\_\_\_ Failed \_\_\_\_\_ Passed \_\_\_\_\_  
Violations: \_\_\_\_\_  
Compliance Date: \_\_\_\_\_ Re-inspection date: \_\_\_\_\_ Failed \_\_\_\_\_ Passed \_\_\_\_\_

Signature of Applicant

Date License Issued: \_\_\_\_\_

Notes: Please attach copy of current city zoning letter, certificate or evidence of continual ownership prior to 1987.  
The inspection fee is to be paid annually at the time of license renewal and is \$20.00 per unit.  
There is a \$25.00 fee for each re-inspection performed.

Mail, fax or bring completed form to 100 North Martin Luther King Jr. Avenue. Make checks payable to the City of Waukegan.