



# Village of Hoffman Estates

## Residential Rental Property License Application

Submit in person or by mail to 1900 Hassell Road, Hoffman Estates, IL 60169 – FEE MUST ACCOMPANY APPLICATION

Village Use Only
Bus ID #:
Fee: _____ <input type="checkbox"/> RRL-INT <input type="checkbox"/> RRL-INTEXT
Inspection Group:

Print or type all responses.

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

### Residential Rental Property Information

Address: \_\_\_\_\_, Hoffman Estates, IL Zip Code: \_\_\_\_\_

### Owner Information *(Provide the full legal name of the Owner of the Residential Rental Property)*

Owner Name:  Individual  
 Business  
 Trust \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(P.O. Boxes are not acceptable)

E-mail: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

**\*\* Owner's Representative Information \*\***  
**All communication regarding this property will be directed to this Contact**

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(P.O. Boxes are not acceptable)

E-mail: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

### Tenant Information *(Primary person on lease)*

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Lease Term: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### 24-hour Emergency Contact Information *(Must be able to make or to authorize others to make repairs as needed)*

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

By signing this application I certify that I agree to comply with Section 8-13 "Residential Rental Property License" of the Village of Hoffman Estates Municipal Code and that all information contained in this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Owner Date \_\_\_\_\_

Print Name \_\_\_\_\_