



Village of Hoffman Estates

Residential Rental Property License Application

Submit in person or by mail to 1900 Hassell Road, Hoffman Estates, IL 60169

Print or type all responses.

Date of Application: _____

Residential Rental Property Information

Address: _____, Hoffman Estates, IL Zip Code: _____

Holder/Responsible Party *(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: _____

**** Agent 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 _____