

Lori Wilcox, City Clerk
1601 Chicago Road

David A. Gonzalez, Mayor
City of Chicago Heights
www.cityofchicagoheights.org

Jim Dee, Treasurer
708-756-5304 FAX 708-756-5310

DATE _____

RENEWAL-RRO RESIDENTIAL RENTAL OPERATING LICENSE FEE WITH APPLICATION DUE BY DECEMBER 31ST.

City ordinance requires all landlords to obtain a Residential Rental Operating License. RRO Residential Rental Operating renewal license is valid from January 1st to December 31st of each year at which time it is due for its annual renewal.

LIST ALL RENTAL PROPERTY ADDRESSES CURRENTLY OWNED

- | | |
|----------------------|----------------------|
| 1. _____ UNITS _____ | 5. _____ UNITS _____ |
| 2. _____ UNITS _____ | 6. _____ UNITS _____ |
| 3. _____ UNITS _____ | 7. _____ UNITS _____ |
| 4. _____ UNITS _____ | 8. _____ UNITS _____ |

TOTAL NUMBER OF UNITS _____ CIRCLE ANY PROPERTIES THAT ARE NEW WITHIN LAST 12 MONTHS

PROPERTY NO LONGER OWNED 1) _____ 2) _____ 3) _____ 4) _____

TO OWNER OR MANAGER OR AGENT: ALL APPLICANTS MUST HAVE COMPLETED THE CRIME FREE MULTI-HOUSING CLASS, INCLUDING ALL NEW MANAGERS OR AGENTS; NEW MANAGERS ATTACH CERTIFICATE OF COMPLETION.

PROPERTY OWNER NAME _____ APARTMENT COMPLEX NAME _____

PROPERTY OWNER DRIVER'S LICENSE OR STATE I.D. # _____

OWNER HOME ADDRESS _____ CITY _____ ZIP _____

OWNER HOME PHONE _____ OWNER CELL _____ OWNER BUSINESS PH _____

OWNER E-MAIL _____ FAX _____

MANAGER/AGENT NAME _____ MANAGER DRIVER LIC OR STATE I.D. _____

MGT COMPANY NAME AND ADDRESS _____ COMPANY PHONE _____

MANAGER/AGENT HOME ADDRESS _____ CITY _____ ZIP _____

MANAGER/AGENT HOME PHONE _____ CELL _____ BUSINESS PH _____

MANAGER/AGENT E-MAIL _____ FAX _____

CHICAGO HEIGHTS POLICE REQUIRE **TWO** CONTACTS FOR EMERGENCY SITUATIONS:

EMERGENCY CONTACT NAME _____ PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

I AGREE TO ABIDE BY ALL RULES, REGULATIONS & ORDINANCES OF THIS CITY & AFFIRM THAT ALL STATEMENTS MADE ARE TRUE. I UNDERSTAND A CRIME FREE LEASE ADDENDUM MUST BE SIGNED FOR EACH ORAL OR WRITTEN LEASE.

APPLICANT SIGNATURE _____

PRINT NAME _____

FEE BASED ON TOTAL NUMBER OF RENTAL DWELLING UNITS:

\$ 100 SINGLE FAMILY DWELLING UNIT

\$ 200 TWO – SIX DWELLING UNITS

\$ 325 SEVEN – ELEVEN DWELLING UNITS

\$ 400 TWELVE – NINETEEN DWELLING UNITS

\$ 500 TWENTY – FIFTY DWELLING UNITS

\$ 500 FIFTY-ONE OR MORE RENTAL DWELLING UNITS; PLUS \$ 5.00 FOR EACH UNIT OVER 50 Mar 1, 2021