

LICENSE NUMBER:

LICENSE YEAR:

Riverdale Fire-Rescue Department

725 West 138th Street ● Riverdale, Illinois ● 60827 Inspectional Services 708/849-1798 Fax: (708) 896-6594

www.villageofriverdale.net

ANNUAL RENTAL LICENSE APPLICATION FOR RENTAL PROPERTIES

BUILDING ADDRESS	PIN/TAX ID #	PIN/TAX ID #				
Single-Family Home/Townhouse/Condo Multi-Family Dwelling # of unit's			_			
OWNER INFORMATION						
BUILDING OWNER						
OWNER ADDRESS (NO PO BOXES)		/		//		
MAILING ADDRESS (IF DIFFERENT)	NO. AND STREET	/	CITY /	// STATE ZIP		
OWNER PHONE AND CONTACT INFO	NO. AND STREET		CITY	STATE ZIP		
HOME PHONE		CELL PHONE	FAX :	‡		
E-MAIL						
MANAGEMENT INFORMATION						
NAME	JA	DDRESS				
CITY/STATE/ZIP						
PRIMARY EMERGENCY CONTACT _ PHONE: HOME						
Knox Box: Yes No (K	<u> </u>		ense issued without	Knox Box)		
Completing this application does not gu completed the Crime Free Housing Ser turned in and have no outstanding debt	arantee that you will receive minar (seminar must have be	een attended by owner or cu	rrent management compa	Village Inspection, have any, all forms completed and		
Issuance of a Rental License does not fees doubling and a Municipal Ordinand must separately apply for an Occupand	ce ticket being written with m	ninimum \$250.00 fine. Fines	can be issued each day	you are not in compliance. You		
Please use the back pa	nge to list all ten	ants and occupai	nts living in the	property.		
Applications that are n	ot completed in :	full will not be ac	cepted.			
Bv sianina b	elow. vou acknowledge th	at you understand and agre	ee to all the above cond	litions.		
Applicant Printed Name:				-		
Applicant Signature:						
Date:						
		LLAGE USE ONLY				
INSPECTION DATE:	DATE PA	ID:				
APPLICATION APPROVED BY:	AMOUNT		FFFS: \$50	1-2 Unit Building		

NUMBER OF UNITS:

TYPE OF PAYMENT: (CIRCLE ONE) CASH, CREDIT DEBIT, CHECK #:

\$20/unit 3+ Unit Buildings

NOVEMBER 1 – ALL FEES DOUBLE

PROPERTY ADDRESS:	
PLEASE LIST THE OCCUPANCY OF EVERY UNIT IN THE BUILDING.	LIST THE INFORMATION EVEN IF YOU (THE

LANDLORD OR MANAGER) ARE THE OCCUPANT. IF A UNIT IS VACANT, PLEASE WRITE "VACANT" IN THE TENANT NAME SECTION. YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION BEING COMPLETED. APPLICATIONS ARE SUBJECT TO RANDOM AUDITING TO ENSURE ACCURACY. USE ADDITIONAL SHEETS IF NECESSARY.

NAMES OF TENANTS & OCCUPANTS	TELEPHONE NUMBER	APT.#	DATE OF OCCUPANCY	CRIME FREE LEASE ADDENDUM SIGNED (Y OR N)	DATE OF BACKGROUND CHECK	SECTION 8 NUMBER