

2200 S. Lowe Rd
P.O. Box 117
Aroma Park, IL 60910



815-937-1212
Fax: 815-937-1813

RENTAL DWELLING LICENSE APPLICATION

Property Owner Name: _____

Address Of Property: _____

Property Owners Address: _____

Property Owners Phone Number: _____

Renters Name: _____

Number Of Occupants: _____

Renters Phone Number: _____

Renters Mailing Address: _____

Name Of Agent/ Manager: _____

(if applicable)

Agent/Manager's Address: _____

Agent/Manager's Phone Number: _____

As the owner of above mentioned property I do hereby state that all information is correct.

Dated

Owners Signature