



Village of Oak Lawn

Annual Residential Rental Property License Application 2017

Submit in person or by mail to 9446 S. Raymond Avenue, Oak Lawn, IL 60453

REGISTRATION FEE MUST ACCOMPANY APPLICATION

Rental Property Information (Print or type all responses) **Date of Application:** _____

Address: _____, Oak Lawn, IL 60453 Property Index # _____-_____-_____-_____-_____

Single Family Dwelling Condominium Multi-Family Dwelling # of Units: _____ # of Vacant Units: _____

Owner Information (Provide the full legal name of the residential property owner) Individual Business Trust # _____

Owner Name: _____

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

E-mail: _____ Preferred phone: () _____ Alternate phone: () _____

** Owner's Representative Information **

Contact Name #1: _____ **Business Name (if applicable):** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
(P.O. Boxes are not acceptable)

E-mail: _____ Preferred phone: () _____ Alternate phone: () _____

Contact Name #2: _____ **Business Name (if applicable):** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
(P.O. Boxes are not acceptable)

E-mail: _____ Preferred phone: () _____ Alternate phone: () _____

As the owner or authorized agent, by signing this application I attest that I agree to comply with Section 6-5B-1 "Residential Rental Property License" of the Village of Oak Lawn Municipal Code and that all information contained in this application is true and accurate to the best of my knowledge and any misrepresentation or falsification of the required information will result in revocation of the license and legal action.

Name: _____ **Business Name (if applicable):** _____

Print Name: _____ **Date:** _____



Village of Oak Lawn, Property Maintenance & Environmental Health Services
 9446 South Raymond Avenue, Oak Lawn, Illinois 60453
 Telephone: (708) 499-7818

Tenant Information (Primary person on lease)

Name: _____ Address: _____
 Unit #: _____ # of Bedrooms: _____ # of Baths: _____ Square Footage of Unit: _____
 E-mail: _____ Phone: _____
 Lease Term: Start date: _____ End date: _____

Names (print) of ALL occupants

1	6
2	7
3	8
4	9
5	10

Vehicle Information

Vehicle Make	Vehicle Model	Vehicle Plate/License #

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: _____

Mandatory Rental Property Lease Addendum:

Landlord and Tenant agree as follows:

The tenant, any member of the tenant’s household, any guest or any other person associated with the tenant on or near the leased premises:

- a. Shall not engage in criminal activity, including drug related criminal activity, on or near the lease premises. “Drug related criminal activity” means the illegal manufacture, sale, distribution, use or possession of any illegal or controlled substances as defines in 21 USE 802;
- b. Shall not engage in any act intended to facilitate criminal activity;
- c. Shall not permit the dwelling unit to be used for or to facilitate any criminal activity;
- d. Shall not maintain a “nuisance” on the premises as defines in Title 8, Chapter 1 of the Village of Oak Lawn Municipal Code.

Any activity prohibited by this agreement shall constitute a substantial violation of the lease, material noncompliance with the lease and grounds for termination of tenancy and eviction (Ord. 07-27-89).

Tenant Signature Mandatory: _____ **Date:** _____

Owner Name: _____ **Date:** _____