

David A. Gonzalez, Mayor
Lori Wilcox, City Clerk
Jim Dee, Treasurer
www.cityofchicagoheights.org



1601 Chicago Road
Chicago Heights, IL 60411
Phone 708-756-5304
Fax 708-756-5310

DATE _____

FEE WITH APPLICATION DUE BY: DECEMBER 31st.
RENEWAL FOR (RRO) RESIDENTIAL RENTAL OPERATING LICENSE

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 _____ | 2. _____ units _____ |
| 3. _____ units _____ | 4. _____ units _____ |
| 5. _____ units _____ | 6. _____ units _____ |
| 7. _____ 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) _____

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

COMPLETE ALL INFORMATION

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 _____ WEBSITE _____ FAX _____

MANAGER /AGENT NAME _____ APARTMENT COMPLEX NAME _____
MANAGER DRIVER'S LICENSE OR STATE I.D. # _____
MANAGER/AGENT HOME ADDRESS _____ CITY _____ ZIP _____
MANAGER/AGENT HOME PHONE _____ CELL _____ BUSINESS PH _____
MANAGER/AGENT E-MAIL _____ WEBSITE _____ FAX _____

FEEES BASED ON TOTAL NUMBER OF UNITS OWNED

\$ 50 TWO UNIT BUILDING IF OWNER OCCUPIES ONE UNIT

\$ 75 ONE UNIT OR SINGLE FAMILY RESIDENCE

\$ 100 TWO UNITS – SIX UNITS

\$ 225 SEVEN UNITS – ELEVEN UNITS

\$ 300 TWELVE UNITS – NINETEEN UNITS

\$ 400 TWENTY UNITS – FIFTY UNITS

\$ 500 FIFTY ONE UNITS OR MORE – (PLUS \$ 2.00 FOR EACH ADDITIONAL UNIT OVER 50 UNITS)

RENEWAL FOR RRO RESIDENTIAL RENTAL OPERATING LICENSE

PROPERTY OWNER NAME _____

ATTACH PROOF OF SCAVENGER/TRASH PICKUP SERVICE FOR DWELLINGS WITH 3 OR MORE UNITS

Republic /Allied (formerly Skyline) (754-5460) ___ HOMEWOOD (798-1004) ___ STAR A & J (754-8381) ___

Attach latest invoice or call your scavenger company to fax proof of service to City Clerk at Fax # 756-5310

The Chicago Heights Police Dept requires the following in order to provide the community with the best possible service.

PHONE NUMBERS OF PERSONS WHO ARE ABLE TO REACH YOU IN AN EMERGENCY

- 1. Name: _____ Phone #: _____
- 2. Name: _____ Phone #: _____

LIST ADDITIONAL CO-OWNERS OF PROPERTY:

NAME & ADDRESS: _____ PHONE _____
NAME & ADDRESS: _____

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.

THIS OFFICE MUST BE NOTIFIED OF ANY CHANGES IN THE PROPERTY OWNERSHIP

PROPERTY OWNER *SIGNATURE* _____ DATE _____

MANAGER/AGENT *SIGNATURE* _____ DATE _____

PROPERTY OWNER / MANAGER /AGENT *PRINTED NAME* _____

OFFICE USE ONLY

CODE ENFORCEMENT **APPROVAL** _____ DATE _____

CITY CLERK **APPROVAL** _____ DATE _____

\$ _____ PAID ON _____ RRO LICENSE # _____ ISSUED _____ RELEASED TO _____

September 11, 2015