City of Kankakee, Illinois
APPLICATION FOR RENTAL OPERATING LICENSE

PROPERTY INFORMATION

Date	Dwelling Type ☐ Single-unit ☐ Two-unit ☐ Multi-unit *(3 or more units)* ☐ Rooming House ☐ Mixed-use *(Residential/Commercial)*			
Is Owner Applicant ☐ Yes ☐ No	Is this a condo? ☐ Yes ☐ No	Is this a multi-building complex? ☐ Yes ☐ No	Total number of buildings in complex.	Total number of units in complex.
Would you be interested in joining a Landlord Association? ☐ Yes ☐ No				
Street Address				Total Number of Dwelling Units
Unit Addresses or Apartment Numbers, if two or more units *(e.g....Apt. A, B and C or Unit 1, 2 and 3)*				

OWNER INFORMATION

First Name	Last Name or Business Name		Phone No.
Street Address *(PO Box will not be accepted)*	City	State	Zip-Code
Email Required:			

*TRUST BENEFICIARY

Name(s) of Trust Beneficiary			Phone No.
Street Address *(PO Box will not be accepted)*	City	State	Zip-Code
Email Required:			

* **Ordinance no. 2020-07 113.4** All persons making application for a Rental License under the provisions of this Ordinance must disclose all of the beneficial owners of any Trust holding title to said property. Failure to disclose the information shall constitute cause to refuse the issuance or terminate the validity of such rental license.

*MANAGER/AGENT INFORMATION

Name of Agent			Phone No.
Address of *Agent*	City	State	Zip-Code
Email Required:			

***Section PM 113.15 Designation of Manager/Agent** Property owners not residing in Kankakee County are required to designate a manager/agent who is a City of Kankakee or Kankakee County resident, 18 years of age or older.

DEPARTMENT USE ONLY

License Number	Date Issued	Expiration Date
Total Number of Units for this Building	Approved By	

*TENANT INFORMATION and OCCUPANCY LIMIT VERIFICATION

(If unit is not leased insert the word "Vacant" for tenant name)

Name of tenant who appears on the lease	Unit Number
List all other occupants below	**Relationship**

Is rent subsidized? ☐Yes ☐No Utilities Included? ☐Yes ☐No # of Bedrooms ____________

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***Section PM 113.5 Application Information Required.** All applications for operating licenses must include the name and address of tenants who are or will be residing in each dwelling unit and the total number of persons residing therein. If the property is not leased, the license holder is required to supply the tenant information within 30 days of the commencement date of the lease or within 30 days after a change in occupancy of the dwelling unit by a different tenant.

CERTIFICATION

I hereby certify that I am the legal owner of record of the named property, or that I am authorized by the owner to make this application as his/her designated manager/agent and that I agree to conform to all applicable laws of the City of Kankakee, Illinois. In addition, if a rental operating license is issued as described in City Ordinance No. 2020-07, I certify that the code official or his/her authorized representative shall have the authority to enter the property covered by such license at any reasonable hour to enforce the provisions of the laws and codes applicable to such license. By signing applicant also verifies that they have limited or will limit the number of occupants so as not to exceed the minimum area requirements of this code pursuant to Section 404.5 IPMC. I also understand any owner-occupied units in multi-family dwellings are subject to the same inspections as any other rental unit.

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Signature of OWNER

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Signature of AGENT/MANAGER