



City of O'Fallon
255 South Lincoln Ave.
O'Fallon, Illinois 62269
Phone (618)624-4500 x 4

License # _____
 Fee: \$45.00/Rental Unit

Residential Rental License Application

1. Rental Property address * _____

(*One application needed for each street address)

2. Type of dwelling _____ Single Family House _____ Condominium _____ Townhouse

_____ Duplex _____ Mobile Home _____ Mobile Home Park _____ Rooming House

_____ Apartment/MHP (total number of units at this address _____) Complex Name: _____

Unit Designations (at this address; example A- B-C or 1-2-3) _____

_____ Hotel/Motel (Business Name) _____

3. Property Owner Information

Name _____

Driver's License/State ID # _____ State Issued _____

Address * _____

Street address is required. Do not list a Post Office Box

City _____ State _____ Zip _____

Phone (_____) _____ Ext _____ Cell Phone (_____) _____

E-Mail _____

Property Owner Emergency Contact Information

Name _____

Phone (_____) _____ Ext _____ Cell Phone (_____) _____

E-Mail _____

4. Management Company Information

Company Name _____

Address * _____

Street address is required. Do not list a Post Office Box

City _____ State _____ Zip _____

Designated Manager/Agent _____

Phone (_____) _____ Ext _____ Cell Phone (_____) _____

Designated Manager/Agent E-Mail _____

Management Company Emergency Contact Information (required)

Name _____

Phone Number (_____) _____ Ext _____ Cell Phone (_____) _____

E-Mail _____

5.

Local Contact Person

Required for all owners living outside the 50 mile radius
Contact must live within 50 miles.

Name _____

Address * _____

Street address is required. Do not list a Post Office Box

City _____ State _____ Zip _____

Phone Number (_____) _____ Cell Phone (_____) _____

E-Mail _____

Local Contact Emergency Contact Information (If Different)

Name _____

Phone (_____) _____ Cell Phone (_____) _____

E-Mail _____

Do you own or manage any other residential rental property in O'Fallon other than the address listed above?

YES _____ * NO _____

* If yes then attach a completed *Additional Units* form or a complete application for each additional street address

I understand that the issuance of this license is conditional upon compliance with all City of O'Fallon ordinances, State and Federal laws, successful completion of a Crime Free Rental Housing Seminar, and the results of all inspections required by the ordinance. I have read this application and answered all questions in full. The information submitted in this application is complete and truthful to the best of my knowledge. This license is subject to an annual renewal fee of \$45.00 per rental unit.

Name of Licensee: _____

Licensee Role (Owner, Manager, Agent): _____

Licensee's Driver's License/State ID # _____ State Issued _____

Date: _____ Signature of Licensee: _____

Office Use Only License number _____	Processed by _____	Date _____
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