



# LANDLORD REGISTRATION

**Building Department**  
600 Main St. NW  
Bourbonnais, IL 60914  
815-937-3575 • Fax 815-937-3467  
CLICK LINK TO SUBMIT COMPLETED FORM:  
[building@villageofbourbonnais.com](mailto:building@villageofbourbonnais.com)  
[www.villageofbourbonnais.com](http://www.villageofbourbonnais.com)

DATE: \_\_\_\_\_ TYPE OF APPLICATION: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ CHANGE \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

BUSINESS #: \_\_\_\_\_ HOME #: \_\_\_\_\_

**PLEASE LIST ALL RENTAL PROPERTIES & NUMBER OF UNITS:**

ADDRESS: \_\_\_\_\_

SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ TOWNHOUSE/CONDO \_\_\_\_\_ APARTMENT \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ TOWNHOUSE/CONDO \_\_\_\_\_ APARTMENT \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ TOWNHOUSE/CONDO \_\_\_\_\_ APARTMENT \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_

\*\*\*INCLUDE ALL ADDITIONAL ADDRESSES ON A SEPARATE SHEET OF PAPER.

**REQUIRED 24-HOUR EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_



# LANDLORD REGISTRATION

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[www.villageofbourbonnais.com](http://www.villageofbourbonnais.com)

IS THE PROPERTY HELD IN A TRUST? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TRUST NAME OR NUMBER: \_\_\_\_\_

### BENEFICIARY OR TRUST HOLDER INFORMATION:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BUSINESS #: \_\_\_\_\_ CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_

MORTGAGE HOLDER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### LOCAL AGENT INFORMATION:

REQUIRED FOR ALL OWNERS NOT LIVING WITHIN 15 MILES OF THE VILLAGE OF BOURBONNAIS.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

BUSINESS #: \_\_\_\_\_ HOME #: \_\_\_\_\_

- REGISTRATION FEE = \$25.00 PER YEAR
- ALL LANDLORD REGISTRATIONS EXPIRE APRIL 30<sup>TH</sup> OF EACH YEAR. IT IS THE LANDLORD'S RESPONSIBILITY TO SUBMIT A NEW FORM AND FEES ANNUALLY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### DO NOT WRITE BELOW THIS LINE (Office Use Only)

Registration Number: \_\_\_\_\_ - \_\_\_\_\_ License Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ CC Authorization Number: \_\_\_\_\_