

**\*\*IT IS THE RESPONSIBILITY OF THE PROPERTY MANAGER TO INFORM THE CITY CLERK'S OFFICE YOU ARE NO LONGER MANAGING THE PROPERTY. YOU WILL BE HELD RESPONSIBLE UNTIL WE ARE NOTIFIED IN WRITING. \*\***

**CITY OF HAZEL PARK  
APPLICATION FOR LANDLORD LICENSE  
 New  Renewal**

**RENTAL PROPERTY ADDRESS:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Registered Owner: Yes** \_\_\_ **No** \_\_\_

*PROPERTY MANAGEMENT COMPANIES must provide a copy of written authority to act on Owner(s) behalf*

**Mailing Address (for license only):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
*(For Renewal Notification Only)*

**C/O:** \_\_\_\_\_

**Owner Information:** \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Personal Name

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

**Contact #:** (\_\_\_\_\_) \_\_\_\_\_

**Driver(s) License Attached: Owner** \_\_\_ **Applicant** \_\_\_

**Single Family** \_\_\_ **Duplex** \_\_\_ **Multi-Unit** \_\_\_ ~ ~ **Number of Units** \_\_\_\_\_

**Multiple Units Only:** Does Owner or Property Manager Occupy a Unit: No \_\_\_ Yes \_\_\_ - Unit # \_\_\_\_\_

**Do You Want to Participate in the Tenant Registration Program Yes** \_\_\_ **No** \_\_\_ *(see reverse side)*

**Commercial** \_\_\_ **Residential** \_\_\_ **Monthly Rental Fee:** \_\_\_\_\_

I am responsible for contacting the Building & Fire Departments to schedule a rental inspection if applicable. By signing my initials, I certify that the foregoing is a TRUE and COMPLETE statement of the facts requested, and further, that I shall comply with all the rules and regulations as set forth by the City of Hazel Park, including but not limited to payment of all taxes. \_\_\_\_\_(initials)  
  
Landlord must provide Garbage Cans (35 g or less) and Recycle Containers \_\_\_\_\_(initials)

**Applicant Signature :** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Owner / Property Manager (PLEASE PRINT NAME) :** \_\_\_\_\_

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**DEPARTMENTAL COMPLETION ONLY**

**APPROVALS:**

- Building 248. 546.4075
- Fire Dept. 3(+) Units or Commercial 248.602.1767
- Planning 2(+) Units or New Commercial
- Treasurer

\_\_\_\_\_  
**Department Signature** **Date**  
\_\_\_Homestead \_\_\_Non-Homestead

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Application Date \_\_\_\_\_ Initials \_\_\_\_\_

**WHEN ISSUED THIS LICENSE WILL EXPIRE JANUARY 31<sup>st</sup>** \_\_\_\_\_ **LLRD** \_\_\_\_\_

**TENANT INFORMATION    PROPERTY ADDRESS:**

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Name: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

DL #: \_\_\_\_\_

Spouse / Other: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

Date of Occupancy: \_\_\_\_\_

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Name: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

DL #: \_\_\_\_\_

Spouse / Other: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

Date of Occupancy: \_\_\_\_\_

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Name: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

DL #: \_\_\_\_\_

Spouse / Other: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

Date of Occupancy: \_\_\_\_\_

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Name: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

DL #: \_\_\_\_\_

Spouse / Other: \_\_\_\_\_  
LAST NAME                                    FIRST                                    MIDDLE INITIAL                                    DATE OF BIRTH

Date of Occupancy: \_\_\_\_\_

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**Thank you for taking the time to complete this portion of the form**