

**\*\*\*IT IS THE RESPONSIBILITY OF THE PROPERTY MANAGER TO INFORM THE CITY CLERK'S OFFICE IF 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:**

**Property Manager (MUST INCLUDE P.M.A.):**

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Company*

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

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

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

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

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Email (Renewal reminders sent via email ONLY)*

\_\_\_\_\_  
*Email (Renewal reminders sent via email ONLY)*

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

**Single Family:** \_\_\_\_ **Duplex:** \_\_\_\_ **Multi-Unit:** \_\_\_\_ **~~ Number of Units (if 3 or more):** \_\_\_\_\_

**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)*

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 gallons or less) and Recycle Containers** \_\_\_\_ (initials)

**Name of Responsible Party:** \_\_\_\_\_ **Driver's License Attached:**

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**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

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Initials

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

**LLRD** \_\_\_\_\_

**TENANT INFORMATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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