

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

RENTAL PROPERTY ADDRESS: _____

Owner's Name: _____

Owner's Address: _____

City/State/Zip: _____

Drivers License Number: _____

Date of Birth _____

Telephone: (____) _____

Number of UNITS: _____

Remarks: _____

Commercial _____ Residential _____ Monthly Rental Fee _____

***NOTE: The owner of the property MUST contact the Building Department to schedule an inspection for the rental.**

I do hereby 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 pertaining to my type of business. I do solemnly swear or affirm that the information as provided herein as true and correct under the penalties of perjury.

Applicants Signature _____ Date: ____/____/____

Sent for Approvals on _____

APPROVALS:

- ☐ Building
- ☐ Fire Dept.
- ☐ Planning
- ☐ Treasurer

Signature

Date

Receipt #

Amount Paid

Date

Initials

LLRD _____