

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

New Renewal

RENTAL PROPERTY ADDRESS: _____

Owner's Name: _____ *Registered Owner* Yes No

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

Mailing Address (for license only): _____ **Email Address:** _____

(Renewal Notification Only)

C/O _____

Owner Information:

Address

Address

City, State and Zip

City, State and Zip

Contact #: (_____) _____

Driver(s) License Attached: *Owner* *Other (Name):* _____

Single Family **Duplex** **Multi-Unit** - **How Many Units** _____

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

Do You Provide: Garbage Cans (35g or less) Yes No **OR** **Recycle Container:** Yes No

Do You Want to Participate in the Tenant Registration Program Yes No

Commercial _____ **Residential** _____ **Monthly Rental Fee** _____

***NOTE: You are responsible for contacting the Building Department to schedule a rental inspection.**
By signing your initials, you 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 will not rent my property to individual(s) in possession of dangerous animals as described in HPMC Title 6, Chapter 6.04, and as further described in Section 6.04.205. I acknowledge I received a copy of HPMC Title 6 as it pertains to Section 6.04.205.** _____ (initials)

Applicants Signature _____ **Date:** ___/___/___

Owner / Property Manager (PLEASE PRINT NAME) _____

DEPARTMENTAL COMPLETION ONLY

APPROVALS:

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

Department Signature **Date**
____ Homestead _____ Non-Homestead

Receipt # Amount Paid Application Date Initials

WHEN ISSUED THIS LICENSE WILL EXPIRE JANUARY 31st _____ **LLRD** _____

TENANT INFORMATION

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

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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