



VILLAGE OF ARLINGTON HEIGHTS  
 Department of Building & Life Safety  
 33 S. Arlington Heights Rd.  
 Arlington Heights, IL 60005  
 Phone (847) 368-5560  
 Fax (847) 368-5975  
 Website: Building@vah.com

20        MULTI-DWELLING LICENSE APPLICATION

SECTION #14-1701

NAME OF COMPLEX: \_\_\_\_\_

NUMBER OF UNITS IN COMPLEX: \_\_\_\_\_

COMPLEX ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 ARLINGTON HEIGHTS, IL 6000 \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

MANAGER'S ADDRESS: \_\_\_\_\_

MANAGER'S PHONE #: \_\_\_\_\_

ON-SITE PROPERTY MANAGER NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

BILL TO: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (24 HOUR CONTACT REQUIRED).**

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**FEE SCHEDULE**

1-5 UNITS.....\$60.00 PER BUILDING  
 OVER 5 UNITS.....\$13.00 PER UNIT/PER BUILDING

SOLE OWNER  PARTNERSHIP  CORPORATION  LLC  LLP TRUST #: \_\_\_\_\_

OTHER: \_\_\_\_\_

PLEASE PROVIDE THE NAME OF THE INDIVIDUAL OR INDIVIDUALS WHO SHALL BE THE RESPONSIBLE PARTIES FOR THE ACTIVITIES UNDERTAKEN WITHIN THE VILLAGE OF ARLINGTON HEIGHTS.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE WHERE ISSUED: \_\_\_\_\_

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES. FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS?  YES  NO IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE. \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CONTROL #: \_\_\_\_\_ LICENSING DEPARTMENT:  APPROVED  DENIED

COPY SENT TO:  FIRE SAFETY  FIRE DEPARTMENT  POLICE