



DEPARTMENT OF BUILDING AND INSPECTIONAL SERVICES  
55 E. NORTH AVENUE  
NORTHLAKE, IL 60164  
708.343.8700

**MULTI-FAMILY DWELLING LICENSE AND REGISTRATION APPLICATION**

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**SECTION 1 - BUILDING DESCRIPTION:**

Address of Building: \_\_\_\_\_

Number of units in the building: \_\_\_\_\_ P.I.N.: \_\_\_\_\_

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**SECTION 2 - AUTHORIZED AGENT FOR NOTICE AND SERVICE:**

The owner(s) must designate a natural person 21 years of age or older who resides or maintains an office in Cook County, IL to receive notice of code violations and service of process. An owner who meets these qualifications may designate himself as an authorized agent.

Owner's agent's name: \_\_\_\_\_

Agent's address: \_\_\_\_\_

Agent's telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Pager: \_\_\_\_\_

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**SECTION 3 - OWNER INFORMATION:**

List the name, street address, and telephone number of each owner of the building. Owner means the legal title holder(s) beneficial owner(s), and contract purchaser(s) of realty. If the owner is a partnership, corporation, or voluntary un-incorporated association also include the name, street address, telephone number, and position of responsible officer or partner. If the owner is a Corporation also include the name, street address and telephone number of the registered agent. If you need more space list additional owners on a separate piece of paper.

Building owner's name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Pager: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Pager: \_\_\_\_\_

Responsible Partner or Officer's Name: \_\_\_\_\_

Partner/Officer's address: \_\_\_\_\_

Partner/Officer's Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Pager: \_\_\_\_\_

Position: \_\_\_\_\_

Registered Corporate Agent's Name: \_\_\_\_\_

Corporate Agent's Address: \_\_\_\_\_

Corporate Agent's Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Pager: \_\_\_\_\_

**SECTION 4 - MANAGING AGENT:**

Please list the person designated to be the Managing Agent.

Name of Managing Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Numbers:

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Pager: \_\_\_\_\_

I hereby certify that the statements in this form are true to the best of my knowledge and belief.

Print name of Owner/Responsible Partner/Corporate Agent: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Fees: # of Units \_\_\_\_\_ X \$15.00 = \$ \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_