

☐ New Ownership

☐ Renewal

(See page 2 for submittal information)



New Ownership Fee: \$300.00

Renewal Fee:

1-20 persons: \$150.00

21 or more persons: \$200.00

Fee after May 1st: DOUBLED

2024 Rooming House License Application

(Reference Municipal Code Chapter 14 "Rooming Houses")

License Period: August 15 – August 14

FOR CITY USE ONLY: 1st Inspection Date and Time: _____

Contact the City of DeKalb Fire Prevention Officer by phone at (815) 748-8457 or via email at fire.prevention@cityofdekalb.com with questions regarding the inspection.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PROPERTY INFORMATION

Property Street Address:

Number of Rooms:

Number of Persons:

Number of Off- Street Parking Spaces: (Actual)

Number of Accessory Structures:

Name of Refuse Removal Company:

Is this a Greek Organization? ☐ Sorority ☐ Fraternity **Provide Name:** _____

OWNER INFORMATION

Owner Name:

Mailing Address:

Phone Number:

Email Address:

PROPERTY MANAGER INFORMATION

Property Manager Name:

Mailing Address:

Phone Number:

Email Address:

LICENSE INFORMATION

Mail correspondence (including renewal application) (choose one): ☐ Owner ☐ Property Manager

FOR CITY USE ONLY:

UB:

BL:

BD:

MR:

LOCAL EMERGENCY CONTACT

Name:

Phone:

FINANCIAL INFORMATION

(License will not be issued if there are any outstanding debts owed to the City)

Are there any liens against the property by the City of DeKalb? Yes ☐ No ☐

Do you owe money to the City of DeKalb? Yes ☐ No ☐

REQUIRED DOCUMENTS

Confirm that the following documents are included with this application:

- ☐ All items indicated in Chapter 14.3 *(for New Ownership only)*
- ☐ Applicable fees as outlined in this application. (Make checks payable to "City of DeKalb")

The undersigned hereby states that he/she is the owner of record for the above referenced Rooming House and making this application for Licensed Rooming House as said owner. Further, the owner agrees to all applicable laws of this jurisdiction. The undersigned swears under oath that the information provided on this application is correct and so hereby authorizes the Chief Building Official, or designee, to make proper inspections of the property listed. The undersigned applicant agrees to pay any and all expenses, including compensation for damages, and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license.

Signature:

Print Name & Title:

Date:

SUBMITTAL INFORMATION

Submit application for NEW and RENEWAL licensure via email or mail to:

Licensing@cityofdekalb.com or City of DeKalb
Attention: Finance Division
164 E. Lincoln Highway
DeKalb, Illinois 60115

Pay invoice online at cityofdekalb.com

Call (815) 748-2000 or email Licensing@cityofdekalb.com with questions.

FOR CITY USE ONLY

Date Fee Received: _____

Fee Paid: \$ _____

Check #: _____

Cash: ☐ Online Payment: ☐

License No.: _____