

- Initial/New Ownership
 Renewal
(See page 2 for submittal information)



Initial Fee: \$300.00

Renewal Fee:
1-20 persons: \$150.00
21 or more persons: \$200.00

**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	
	City, State, Zip Code	
Property Manager or Emergency Contact:	Name	
	Phone No.	
	Email Address	
Number of Rooms:		
Number of Persons:		
Number of Stories:		
Number of Off-Street Parking Spaces: (Actual)		
Number of Accessory Structures:		
Name and Address of Refuse Removal Company:	Name	
	Street Address	
	City, State, Zip Code	
Is the property a Greek: <input type="checkbox"/> Sorority <input type="checkbox"/> Frat If one or the other, provide name: _____		

OWNER INFORMATION

Owner Name:		
Owner Contact Information:	Street Address	
	City State, Zip Code	
	Phone No.	
	Email Address	

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

LICENSE INFORMATION

All correspondence will be sent via email to: (choose one or both) Owner Property Manager

Mail license to:	Street Address
	City State, Zip Code
	Email Address

REQUIRED DOCUMENTS

Confirm that the following documents are included with this application:

- All items indicated in Chapter 14.3 *(for Initial/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 to:

City of DeKalb
Attention: Finance Division
164 E. Lincoln Highway
DeKalb, Illinois 60115

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

FOR CITY USE ONLY

Date Fee Received: _____

Fee Paid: \$ _____

Check #: _____

Cash:

License No.: _____