

# CITY OF MOLINE ACRES

## RESIDENTIAL LANDLORD LICENSE APPLICATION

**NEW APPLICATION**

**CHANGE AGENT**

**UPDATE CONTACT INFO**

**SALE OF PROPERTY**

Owner Organizations must complete both SECTIONS 1A and 1B. Individual Owners complete SECTION 2 in its entirety. If the owner resides more than 50 miles outside of Moline Acres you must complete SECTION 3 – Property Manager Information. A \$125 fee applies to each rental unit. If any changes occur, the owner or representative must file an amended application immediately. Incomplete applications will be rejected) All LLC or Corporations must provide articles of organization.

### SECTION 1A: ORGANIZATION/ OWNER INFORMATION

Owner Organization (Full Legal Name)	PRIMARY PHONE	EMAIL
MAILING ADDRESS	CITY	STATE/ ZIP CODE

### SECTION 1B - RESPONSIBLE PARTY FOR ORGANIZATION INFORMATION (NOT THE PROPERTY MANAGER)

NAME	DRIVERS LICENSE STATE/NUMBER	DATE OF BIRTH
MAILING ADDRESS	EMAIL ADDRESS	PHONE

**\*\*\*I, the Responsible Owner, have completed all owner information and have verified the listed Property Address(es)\*\*\***

SIGNATURE	DATE	All fields must be complete and copy of Photo ID must be attached to submit this application.

### SECTION 2 - INDIVIDUAL OWNER INFORMATION

NAME	PRIMARY PHONE	EMAIL
ADDRESS	CITY	STATE/ZIP
DRIVERS LICENSE #	DL STATE	DATE OF BIRTH
SIGNATURE		DATE

THIS SECTION TO BE COMPLETED BY THE PROPERTY OWNER.

I UNDERSTAND AND ACKNOWLEDGE THE REQUIREMENTS AND RESPONSIBILITIES TO OBTAIN AND MAINTAIN A LANDLORD LICENSE IN THE CITY OF MOLINE ACRES. I UNDERSTAND THAT NOTICE OF VIOLATIONS MAY BE SERVED TO ME OR MY AUTHORIZED AGENT (IF ONE IS APPOINTED) AND FAILURE TO COMPLY WITH THE NOTED REQUIREMENTS MAY RESULT IN MY LICENSE BEING SUSPENDED OR REVOKED. I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND TRUE. I FURTHER UNDERSTAND THAT I MUST NOTIFY THE CITY OF ANY CHANGES.

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### SECTION 3 - PROPERTY OVERSIGHT INFORMATION (PROPERTY MANAGER)

Property Management Organization - if applicable Number	Organization Oversight Email Address	Organization Phone	
Property Oversight Name (First, Middle, Last, Suffix)	Driver's License #	State	Date of Birth
Email Address	Primary Phone Number	Secondary Phone Number	
Mailing Address (St#, Direction, Name, St Type, Apt/Suite)	City	State	Zip Code

**I, hereby, accept property oversight responsibility from the property owner**

SIGNATURE

DATE

All fields must be complete and copy of Photo ID must be attached to submit this application. Attach copy of management agreement

I, THE OPERATOR/PROPERTY MANAGER, ACKNOWLEDGE THE DESIGNATION TO ACT ON BEHALF OF THE ABOVE NAMED OWNER(S). I UNDERSTAND AND ACKNOWLEDGE THE REQUIREMENTS AND RESPONSIBILITIES TO OBTAIN AND MAINTAIN A LANDLORD LICENSE IN THE CITY OF MOLINE ACRES. I UNDERSTAND THAT NOTICE OF VIOLATIONS MAY BE SERVED TO ME AND FAILURE TO COMPLY WITH THE NOTED REQUIREMENTS MAY RESULT IN MY LICENSE BEING SUSPENDED OR REVOKED. I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND TRUE. I FURTHER UNDERSTAND THAT I MUST NOTIFY THE CITY OF ANY CHANGES.

This application is being completed for

Property address: \_\_\_\_\_

### OFFICE USE ONLY

Received by	Date Received	Address	License #	Receipt #