

**CITY OF BREESE, ILLINOIS**  
**LANDLORD REGISTRATION FORM**

(Please attach a separate sheet for each location)

(Please Print)

LANDLORD REGISTRATION FORM Rev. 07//2019

**LANDLORD INFORMATION**

NAME OF LANDLORD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**(PLEASE CHECK ALL THAT APPLY)**

OWNER     MANAGEMENT ENTITY     RENTAL AGENT

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**RENTAL PROPERTY INFORMATION**

STREET ADDRESS: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_

UNIT NAME: \_\_\_\_\_

SHORT TERM LEASE (LESS THAN 30 DAYS)     LONG TERM LEASE (30 DAYS OR LONGER)

**NOTE: Bed & Breakfasts and Airbnb's are subject to Hotel Operators' Occupation Tax.**

**(Refer to Hotel/Motel Ordinance #978 & #1448 Revised Definition)**

**IF APPLICATION IS SUBMITTED AS A CORPORATION, LLC, PARTNERSHIP, GROUP, ETC. COMPLETE NUMBER 1 AND 2 BELOW.**

**IF APPLICATION IS SUBMITTED AS AN INDIVIDUAL, PLEASE COMPLETE NUMBER 2.**

1. NAME OF ENTITY OR GROUP: \_\_\_\_\_  
BUSINESS ENTITY NUMBER ASSIGNED BY THE SECRETARY OF STATE OF ILLINOIS: \_\_\_\_\_

2. PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL OFFICERS, MANAGERS, MANAGING PARTNERS,  
REGISTERED AGENT ETC. (If Applicable)

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**KEY HOLDER NAME AND CONTACT INFORMATION (If Applicable)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_