



MOBILE HOME PARK LICENSE APPLICATION
Fiscal Period Covered July 1, 2021 through June 30, 2022

INSTRUCTIONS:

- 1. To apply for a mobile home park license with the City of Urbana, complete this form and return it to the Finance Department, 400 South Vine St., Urbana, Illinois, 61801. The Finance Department will route the application for approval and mail the validated license to you.
2. Attach a complete listing of the existing mobile homes, the owners and the owners' mailing addresses.
3. If this is your first application, the following information must be returned with the completed application and the license fee:

PLAT: A scaled map, plan, or layout showing the subdivision of land and indicating the location and, boundaries of the individual lots. The plat should also provide, but not be limited to, the following information:

- A. The name, location, or address of the mobile home park, the park owner and operator;
B. The location of all property lines, existing streets, easements, utilities, sewers, and any other significant features;
C. The date of the plat (map or layout), North arrow, graphic scale (not less than 1" to 100'), on all drawings submitted;
D. All buildings, structures, and mobile home stands;
E. Total number of mobile homes sites;
F. Approximate gross density per acre; and
G. All mobile home parks located in a flood plain shall file evacuation plans indicating vehicular access and escape routes, including mobile home hauler routes, with the appropriate disaster preparedness authorities.

Mobile Home Park Name: \_\_\_\_\_

Mobile Home Park Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Organizational Structure:

- [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Limited Partnership [ ] Other \_\_\_\_\_

Owner [Corporation Officers] Information:

Table with 3 columns: Name, Address, Phone. Includes a blank row for entry.

Park Manager Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Total # of Mobile Home Sites: \_\_\_\_\_

License and Permits:

Annual License: Thirty-five dollars (\$35.00) per mobile home site. This fee is due prior to July 1, of each year.

Certificate of Occupancy: All mobile homes require a Certificate of Occupancy, the fee for which is one hundred dollars (\$100.00) per relocated mobile home.

Waiver of Fee:

For mobile homes existing in mobile home parks on or before July 19, 1982, the fee for the Certificate of Occupancy shall be waived so long as the mobile home remains on the same site or stand; however, a Certificate of Occupancy is nonetheless required.

TOTAL AMOUNT DUE ON THIS LICENSE: \$ \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE OF APPLICATION ->

I understand the issuance of this license is conditional upon compliance with all City Ordinances and the results of any inspection of the above premises at the present time or at any other time during the period this license is in force.

I hereby consent to inspection of the licensed premises by any officer of the City of Urbana.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Manager

**↓ THIS SECTION TO BE COMPLETED BY THE OWNER OF THE PROPERTY INVOLVED ↓**

Name of Property Owner:

\_\_\_\_\_

Address of Property Owner:

\_\_\_\_\_

If the record titleholder of the property is a trust, corporation, or partnership, the following are the names and addresses of the principal stockholders or partners:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned represents to be the sole owner of the above premises or is authorized to sign this application on behalf of all other co-owners listed above. Further, the undersigned attests to having no knowledge of any reason why the business for which application is being made may not be conducted on the premises and consents thereto.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
By

\_\_\_\_\_  
Date

**A license will be issued contingent upon approval from all applicable City departments.**

**FOR FINANCE OFFICE USE ONLY**

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

Business Account #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Fee: \_\_\_\_\_

Expiration Date: June 30, 20\_\_\_\_

Date Paid: \_\_\_\_\_

**SUSPENSION OR REVOCATION OF LICENSE OR PERMIT**

Inspection Office: \_\_\_\_\_

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

Reason: \_\_\_\_\_

Re-approval: \_\_\_\_\_

Office: \_\_\_\_\_

Inspecting Officer: \_\_\_\_\_