

Office Use only:	Date Rec's _____ Clerk _____	Payment _____ Date of Inspection _____
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CITY OF RICHFIELD
6700 Portland Avenue South
Richfield, Minnesota 55423 (612) 861-9882

2018

RENTAL HOMES AND APARTMENT LICENSE APPLICATION

DWELLING ADDRESS _____

NAME OF COMPLEX _____

- _____ Apartment Building \$145.00 PLUS (# of Units _____ X \$15.00 = \$ _____)
- _____ Duplex/Double Bungalow \$145.00 (homestead) or \$230.00 (non-homestead)
(Homestead? _____ Yes _____ No)*
- _____ Single Family Rental *\$145.00
- _____ License Transfer Fee \$50.00
- _____ **\$1.50 Per Unit for Richfield Area Management Association (# of Units X \$1.50 = \$ _____)**

***RENTING YOUR PROPERTY MAY AFFECT YOUR TAX STATUS. PLEASE CONTACT THE HENNEPIN COUNTY ASSESSORS OFFICE FOR INFORMATION 612/861-9710.**

TOTAL DUE \$ _____

PROPERTY OWNER INFORMATION

Owner's Name _____
Date of Birth _____
Address _____
 Street City State Zip
Home Phone _____ Day Phone _____
Email Address _____

If applicant is a partnership, the names & addresses of each managing partner is required or if it is a corporation, the names & addresses of the officers is required.

PARTNERSHIP/CORPORATION RECORD

Name of Partnership/Corporation _____
Address _____
 Street City State Zip

Partnership/Corporation Information: _____
Name _____
Address _____
 Street City State Zip

Management Information (Complete information for the individual(s) responsible for the management of the premises)

Manager's Name _____
Address _____
 Street City State Zip
24 Hour Phone _____ E-mail Address: _____

Maintenance Information (Complete information for the individual(s) responsible for the maintenance of the premises)

Name _____

Address _____

Street City State Zip

24 Hour Phone _____ E-mail Address: _____

Maintenance of Tenant Register Information (Complete information of the individuals(s) responsible for keeping and maintaining the tenant registers)

Name _____

Address _____

Street City State Zip

24 Hour Phone _____ E-mail Address: _____

INSURANCE INFORMATION: Company: _____

Policy Number _____ **(Rental License will not be issued without this information)**

SWORN STATEMENT

The undersigned hereby applies for a rental dwelling license as required by City Code, attest that the subject premises will be operated and maintained according to the City's requirements for rental property and understands that they are subject to applicable sanctions and penalties, if not in compliance. The applicant further certifies that all statement and facts in this application are true and authorizes the City of Richfield to investigate any and all statement or facts contained herein; acknowledging that the misrepresentation or omission of facts called for will be just cause for the disqualification or repeal of this license.

Any willful misstatement made in this application may result in the refusal of the City to consider the application or if the license is granted, may result in the suspension or revocation of the license. Further, such willful misrepresentation in the application constitutes a misdemeanor.

I further understand that Minnesota State Statute 305 establishes a covenant not to sell or allow sales of controlled substances as a part of all verbal or written leases of residential premises. A breach voids the right to possession and provides that upon notice from the county attorney as to seizure of controlled substances from residential rental property, the owner shall, within 15 days, bring an unlawful detainer action or assign to the county attorney the right to bring such action against the tenant. The property is subject to forfeiture upon notice of a second occurrence if the action has neither been assigned nor commenced.

Printed Name _____

(Owner, Partner, Officer, Director of Corporation) Date

Signature _____

(Owner, Partner, Officer, Director of Corporation) Date

IF THIS PROPERTY IS NOT BEING USED AS A RENTAL PROPERTY, PLEASE COMPLETE THE FOLLOWING:

I hereby certify the above rental license application was sent to me as the owner of _____ in error. This dwelling will only be used as a single family owner/occupied structure – or the ownership has transferred to:

Name _____

Address _____

Street City State Zip

Your Name _____

Signature _____ Date _____