

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**

**2021**

**RENTAL HOMES AND APARTMENT LICENSE APPLICATION**

**DWELLING ADDRESS** \_\_\_\_\_

**NAME OF COMPLEX** \_\_\_\_\_

- \_\_\_\_\_ Apartment Building \$150.00 PLUS (# of Units \_\_\_\_\_ X \$15.00 = \$ \_\_\_\_\_)
- \_\_\_\_\_ Duplex/Double Bungalow \$145.00 (homestead) or \$230.00 (non-homestead)  
(Homestead? \_\_\_\_\_ Yes \_\_\_\_\_ No)\*
- \_\_\_\_\_ Single Family Rental \*\$150.00
- \_\_\_\_\_ License Transfer Fee \$50.00
- \_\_\_\_\_ **\$1.50 Per Unit for Richfield Area Management Association (# of Units X \$1.50 = \$ \_\_\_\_\_)**

**TOTAL DUE \$ \_\_\_\_\_ (Annual renewals will be sent out to management in November and will be due by 12/31)**

**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) **(All letters, renewal notices, etc. from the city will be mailed to this address)**

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 \_\_\_\_\_