



CITY of CRYSTAL

4141 Douglas Drive North
Crystal, MN 55422
Phone: (763) 531-1000 Fax: (763) 531-1188
Website: www.crystalmn.gov

Application for Rental Dwelling License



Building Address	Zipcode: _____
Bldg Name (if any)	_____

Each building must have a separate application.

Owner:* (Provide current mailing address)	Owner _____ Phone No. _____
	Contact Person _____ Cell Phone: _____
	Address _____
	City _____ State _____ Zip _____
	Email Address: _____
Agent: ** (if different from owner)	Company _____ Phone No. _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Email Address: _____

Please indicate which is to be the **primary** contact : Owner **or** Agent

Dwelling Type/Fee: (Make checks payable to City of Crystal)	<input type="checkbox"/> Single Family	\$170 Flat Fee
	<input type="checkbox"/> Duplex	\$240 Flat Fee (unless one of the units is Owner Occupied, then fee is then \$170.)
	<input type="checkbox"/> Triplex	\$300 Flat Fee
	<input type="checkbox"/> Four plexes	\$360 Flat Fee
	<input type="checkbox"/> Five or more units Number of Units _____	TOTAL: \$360 Per Building Flat fee + \$20 per unit

* Owner name must match the "Taxpayer" shown on Hennepin County property tax records.

** If the property owner does not reside in Hennepin, Ramsey, Anoka, Carver, Chisage, Dakota, Isanti, Scott, Sherburne, Washington, or Wright County, a Rental Dwelling License will not be issued or renewed unless the owner designates in writing the name of a resident agent who resides in the listed counties.

(Over)

Notice to applicants:

- A. You must notify us in writing within five business days of any transfer of legal control and/or of any change of information in this application.
- B. Owner(s) of multiple dwellings must post the license and must maintain an occupancy register.
- C. Copies of the Crystal Property Maintenance Code are available from the city or available on the web site (www.crystalmn.gov). Owners, agents, and managers should be familiar with its provisions.

Do you own or manage any other rental properties in the city of Crystal: Yes No
If yes, please provide addresses:

Additional Information:

All of the forms listed below must be completed and included with this initial rental license application:

- Certification of Financial Responsibility
- MnBIN/Social Security Number Request Form
- Certificate of Compliance Minnesota Workers' Compensation Law

The undersigned hereby applies for a Rental Dwelling License as required by city ordinance; acknowledges that the provisions of the Property Maintenance Code, Section 425, have been reviewed; and attests that the subject premises will be operated and maintained according to the requirements contained therein, or be subject to applicable sanctions and penalties. The undersigned further agrees that the subject premises may be inspected by the city's Housing Official as provided in Section 425.17 Subd. 10 of the ordinance. The Applicant further certifies that all statements in this application are true and authorizes the City of Crystal to investigate any or all statements contained herein acknowledging that the misrepresentation or the omission of facts called for will be just cause for the suspension or revocation of the license.

_____/_____
Owner's Signature Date

OFFICE USE ONLY:

Inspection Appointment: Date: _____ Time: _____ Inspector: _____

License Fee Paid \$ _____ J D Edwards Receipt # _____

Confirm ownership with Hennepin County Property Tax Info (print only if ownership is different from applicant)

BUSINESS ID: _____

Initials/Date of staff member completing Business License Entry

(Office Use Only)
_____ Rec'd Initials/Date