

4141 Douglas Drive North Crystal, MN 55422 Phone: (763) 531-1000 Fax: (763) 5

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 <u>building</u> must have a separate application.					
Owner:*	Owner	er Phone No			
(Provide current	Contact Person	Cell Phone:			
mailing address)	Address				
		State Zip			
	Email Address:				
Agent: **	Company	Phone No			
(if different from	Contact Person (Print)	Phone No			
owner)	Address				
	City	State Zip			
	Email Address:				
Please indicate which is to be the primary contact : Owner or Agent					
Dwelling	Single Family	\$170 Flat Fee			
Type/Fee:					
(Make checks	Duplex	\$240 Flat Fee (unless one of the units is Owner Occupied, then fee is then \$170.) \$300 Flat Fee \$360 Flat Fee			
`	Triplex				
payable to					
City of Crystal)	Four plexes				
	Five or more units Number of Units	TOTAL: \$360 Per Building Flat fee + \$20 per unit			

(Over)

^{*} 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.

Notice to applicants:

A.

	of information in this application.				
В	Owner(s) of multiple dwellings must post the license and must maintain an occupancy register.				
C	C. Copies of the Crystal Property Maintenance Code are availab (www.crystalmn.gov). Owners, agents, and managers should	•			
-	ou own or manage any other rental properties in the city of Cryss, please provide addresses:	stal: Yes	□ No		
Addit	itional Information:				
All of	f the forms listed below must be completed and included with the Certification of Financial Responsibility MnBIN/Social Security Number Request Form Certificate of Compliance Minnesota Workers' Compensation La		cense application:		
the property applied by the certification states	undersigned hereby applies for a Rental Dwelling License as reprovisions of the Property Maintenance Code, Section 425, have also will be operated and maintained according to the requirements and penalties. The undersigned further agree the city's Housing Official as provided in Section 425.17 Subdiffies that all statements in this application are true and authorized ments contained herein acknowledging that the misrepresentate cause for the suspension or revocation of the license.	ve been reviewed rements contained s that the subject. 10 of the ordinal	I; and attests that the subject ed therein, or be subject to t premises may be inspected ance. The Applicant further systal to investigate any or all		
		Signature			
			Date		
OFFI	ICE USE ONLY:				
Inspe	ection Appointment: Date: Time:	Inspector	:		
•	License Fee Paid \$ J D Edwards				
	Confirm ownership with Hennepin County Property Tax Info (print only				
	BUSINESS ID:	, 0 c p 10 u 11	(Office Use Only)		
	Initials/Date of staff member completing Business License Entr	ry	Rec'd Initials/Date		

You must notify us in writing within five business days of any transfer of legal control and/or of any change