



Rental Dwelling License Application

License Period: (Annually) October 1st to September 30th

2401 County Highway 10 * Mounds View, MN 55112

Phone 763-717-4020 * Fax 763-717-4019 * E-mail permits@ci.mounds-view.mn.us

LICENSE TYPE (please check appropriate box)			
<input type="checkbox"/> Annual	<input type="checkbox"/> Transfer	<input type="checkbox"/> New	
HOUSING TYPE (check a suitable type and specific description)			
<input type="checkbox"/> Single-Family Detached ___ House ___ Town Home ___ Manufactured Home	<input type="checkbox"/> Single-Family Attached Dwelling ___ Town Home ___ Condominium	<input type="checkbox"/> Multi-Family Rental Structure ___ Duplex ___ Fourplex ___ Sixplex ___ Apartment/7+ units (#___)	
OWNERSHIP TYPE (check one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Contract for Deed

RENTAL PROPERTY INFORMATION

Address of Property _____ PIN # _____

Complex Name (if applicable) _____

OWNER INFORMATION (Individual or Company)				
Name:		Email:		
Mailing Address:		City:	State:	Zip:
Phone #1:	Phone #2:	Fax:		
RECIPIENT OF NOTICES/MAILINGS/PHONE CALLS (Per Section 1012.04 of Housing Code)				
Name:		Email:		
Mailing Address:		City:	State:	Zip:
Phone #1:	Phone #2:	Fax:		
LEGALLY RESPONSIBLE PARTY				
Name:		Email:		
Mailing Address:		City:	State:	Zip:
Phone #1:	Phone #2:	Fax:		
EMERGENCY CONTACT				
Name:		Email:		
Mailing Address: (no P.O. Boxes)		City:	State:	Zip:
Phone #1:	Phone #2:	Fax:		
PARTNERSHIP? YES NO/ CORPORATION? YES NO (IF SO, LIST BELOW OR ATTACH)				
Name:		Email:		
Mailing Address:		City:	State:	Zip:
Phone #1:	Phone #2:	Fax:		
FORMER OWNER				
Name:		Email:		
Mailing Address:		City:	State:	Zip:
Phone #1:	Phone #2:	Fax:		

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR LICENSE APPLICATION(S) - THANK YOU.



Community Development Department
(763) 717-4020 * Fax: (763) 717-4019
permits@ci.mounds-view.mn.us

RELEASE OF INFORMATION

The data disclosed by the applicant is collected by the City of Mounds View for the purposes of:

Processing a Rental Dwelling License for _____
(address of rental property)

You are not required by law to disclose any of the data. However, if you do not disclose the information requested, it may prohibit you from being issued a license. This data, other than the name and address of the subject, is classified as private data on individuals pursuant to Minnesota State Statute 13.41, subdivision 2. It can be released only at the valid request of a law enforcement agency, pursuant to Minnesota State Statute 13.81, subdivision 2, or to any agency or individual specifically authorized by State or Federal Statute to have access to the data or specifically approved by the Minnesota Commissioner of Administration pursuant to Minnesota State Statute 13.05, subdivision 4(c). Any other disclosure will be made only by reason of a judicial order or with the informed consent of the subject of the data.

To be completed by an owner who is an individual:

I, (owner) _____ of (your home address) _____
_____ born (birth date) _____ am the person named as owner in the
attached application(s) for a rental dwelling license.

(If there is more than one owner of the property indicated on the application(s), please attach a list of owners, their signatures, and birth dates.)

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**To be completed by an owner who is a firm or corporation:**

This company, \_\_\_\_\_, with the address of \_\_\_\_\_  
\_\_\_\_\_ is named as owner in the attached  
application(s) for a rental dwelling license. Our Minnesota MN ID# is \_\_\_\_\_. Our Federal ID# is \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner(s) or Authorized Representative (as shown on the enclosed application(s)).