

**APPLICATION FOR RENTAL LICENSE**  
**CITY OF PARK RAPIDS**  
212 SECOND ST. W.  
PARK RAPIDS, MN 56470  
**(218) 732-3163**

**LICENSE WILL NOT BE PROCESSED UNLESS APPLICATION IS COMPLETELY FILLED  
OUT AND RETURNED TO CITY HALL WITH FULL PAYMENT**

(Please Type or Print Clearly)

ADDRESS OF RENTAL UNIT: \_\_\_\_\_

PARCEL ID (PID) # OF RENTAL UNIT PROPERTY: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

NAME OF PERSON (IF OTHER THAN APPLICANT) RESPONSIBLE FOR THE RENTAL UNIT(S):

\_\_\_\_\_  
(First) (Middle) (Last) PHONE: \_\_\_\_\_

ADDRESS OF PERSON RESPONSIBLE FOR PROPERTY: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (Street Address) PHONE: \_\_\_\_\_

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**READ THE FOLLOWING CAREFULLY BEFORE CHECKING WHICH TYPE OF RENTAL UNIT APPLIES  
CHECK ONLY ONE AND COMPLETE QUESTIONS FOR THAT SECTION**

**SINGLE OR TWO FAMILY DWELLING:** \_\_\_\_\_ Single Family \_\_\_\_\_ Two-Family

Number of bedrooms in unit #1: \_\_\_\_\_ Number of bedrooms in unit #2: \_\_\_\_\_

**MULTIPLE FAMILY (TRIPLEX, FOUR PLEX OR GREATER):**

Number of units \_\_\_\_\_

Number of units which are (1bedroom \_\_\_\_\_ 2 bedroom \_\_\_\_\_ 3 bedroom \_\_\_\_\_ Other \_\_\_\_\_)

Do renters share any common areas? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which areas? \_\_\_\_\_

Number of stories: \_\_\_\_\_

**MOBLIE HOME:**

Number of bedrooms \_\_\_\_\_ Size of structure \_\_\_\_\_

a. Year mobile home was manufactured? \_\_\_\_\_ b. Make of mobile home? \_\_\_\_\_

c. Model of mobile home? \_\_\_\_\_ d. Serial number of mobile home? \_\_\_\_\_

I hereby certify that all information contained herein is true and accurate. I hereby grant permission to the City of Park Rapids to make inspections of the structure(s) listed herein to determine if in compliance with City Codes. I agree to maintain the premises to standards which are set forth by the City of Park Rapids. I understand that my failure to comply with these requirements will result in a monetary fine or revocation of the license. I hereby certify that the listed agent listed herein (if any) is authorized to receive summons and complaints on behalf of the owner.

**The owner and/or agent agree to promptly notify the City of any changes in agent or transfer of ownership.**

**(OVER)**

I understand that payment made with this application has been accepted for the purpose of applying for a rental license and that such acceptance does not constitute an automatic granting of a rental license. **The rental of the property is not permitted until the final inspection has been performed and approved by the City.** I also understand that the application fee will not be refunded if a rental license is denied due to the failure of the property to comply with the Zoning Ordinance or the Uniform Building Code adopted by the City of Park Rapids. The application will not be processed without signatures.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_