



City of Park Rapids

212 SECOND STREET WEST
PARK RAPIDS, MINNESOTA 56470
PHONE (218) 732-3163
FAX (218) 237-2754

(FOR OFFICE USE)
INSPECTION DATE AND TIME:

APPLICATION FOR RENTAL LICENSE

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: _____

**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 _____ **Total Occupants**

Number of bedrooms in unit #1: _____ Number of bedrooms in unit #2: _____

MULTIPLE FAMILY (TRIPLEX, FOUR PLEX OR GREATER):

Number of units _____ **Number of Occupants in each unit** _____

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: _____

MOBILE HOME:

Number of bedrooms _____ Size of structure _____ **Total Occupants** _____

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)

AN EQUAL OPPORTUNITY EMPLOYER

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: _____