



RENTAL HOUSING APPLICATION

PROPERTY INFORMATION

Rental Property Address:	Number of Units:
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APPLICANT INFORMATION

Owner Name:		Date of Birth:
SSN:	State Tax ID:	Fed Tax ID:
Current address:		
City:	State:	ZIP Code:
Phone:	Email:	

FEES

License Fee:	1 st Building (includes initial inspection)	\$90.00	\$
	Additional Buildings	\$35.00 X	\$
Re-Inspection:	Per Unit.	\$80.00 X	\$
DUE BEFORE THE INSPECTION OR A \$25 FEE WILL BE ADDED TO THE TOTAL			Total Due \$

INSPECTION INFORMATION

Inspection Date:	Inspection Time:
Please notify your renters so that someone will be present during the inspection. If this scheduled time is not convenient, please call City Hall at (507)465-3514 as soon as possible so another time can be scheduled.	

SIGNATURE

All information provided is true and accurate. The payment made with this rental license application does not constitute an automatic granting of a rental license. Permission is hereby granted to the City of New Richland to make inspections of the structure listed herein, to determine compliance with the City Codes. Premises will be maintained as to standards which are set forth by the City of New Richland.
I have reviewed and understand the licensing process and will do my part to ensure that the licensing process goes smoothly.

Signature of applicant:	Date:
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For Office Use Only:

License Fee:	Paid: Cash/Check #	Date	Passed:	Yes	No
Re-inspection Fee:	Paid: Cash/Check #	Date	Passed:	Yes	No
License Number Issued:	Date:	License Expires:			