



Office Use Only	
License #	_____
Amount Paid:	_____
Date:	_____
Initials:	_____
1st inspection Date:	_____
2nd Inspection Date:	_____

APPLICATION FOR A RENTAL DWELLING LICENSE

RENTAL PROPERTY ADDRESS:

APPLICANT		
NAME OF OWNERS		
OWNER ADDRESS	CITY	STATE
Zip	PHONE #	EMAIL

AGENT/CONTACT if different from applicant		
NAME OF AGENT		
ADDRESS	CITY	STATE
Zip	PHONE #	EMAIL

STRUCTURE DETAIL	
Enter the total number of units at your property, and the total number of units covered by this rental license application, e.g. if you are renting out one unit in a duplex and living in the other unit, you would enter "2" and "1"	
Total Units: _____	Licensed units: _____

FEE CALCULATION

1	Inspection fee for 1st unit	\$100.00
2	All additional units are: number of units X \$50.00	
3	License fee	\$100.00

Total fees due:

Return application form along with the rental fee to:

City of Eden Valley
P.O. Box 25
Eden Valley, MN 55329

I affirm by my signature below that I am in compliance with all rental licensing standards outlined in Eden Valley Rental Code Ordinance. I understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of my rental dwelling license.

I acknowledge that the City of Eden Valley will hold me responsible for the maintenance and management for the above listed property.

I grant a "right of entry" to the City of Eden Valley and its agents for inspection purposes under ordinance # 1204.000

Signature:

Date: