RENTAL DWELLING LICENSE APPLICATION

One Application Per Building

171 Cossairt Ave W PO Box 25
Eden Valley, MN 55329
sgarland@edenvalleymn.city
320-453-5251

FOR OFFICE USE ONLY
Date Received: _____Initial: _____
License fee amount: _____
Payment Method: ____Check ____ Credit Card
Inspection Scheduled Date: _____
Documents Received:
___ Application
___ Layout of building

Date of Approval: _____ License #_____

RENTAL PROPERTY INFORMATION

RENTAL PROPERTY ADDRESS_____
Tax Parcel Number _____

PROPERTY OWNER INFORMATION

Type of Ownership: _____ Individual _____ Partnership _____ Corporation _____ Contract for Deed

Property Owner(s) Name: _____
(Required)

Business Name (if applicable): _____

Property Owner Address: _____
(Street)

_____
(City) (State) (Zip Code)

Phone Numbers: _____
(Home) (Cell) (Work)

Email Addresses: _____

AGENT/MANAGER

Agent/Manager Name: _____
(Required)

Business Name (if applicable): _____

Agent/Manager Address: _____
(Street)

_____
(City) (State) (Zip Code)

Phone Numbers: _____
(Home) (Cell) (Work)

Email Addresses: _____

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PROPERTY DETAILS

RENTAL PROPERTY ADDRESS_____

Type of Dwelling:

_____ Single Family Home	_____ Multi Family	_____ Single Sleeping Room (s)
Number of Bedrooms:	Total Units:	
	Units to License:	
Square Footage:	Square Footage:	Square Footage:
Year Built:	Year Built:	Year Built:

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."

FEE CALCULATION

Permit Fee		$	100.00
Administrative Fee		$	
Inspection Fee (First unit included)		$	100.00
Additional Unit(s) Inspection Fee	Additional Units: x $50	$	
	*Total fees due:	$	

I affirm by my signature below that I am in compliance with all rental licensing standards outlined in Eden Valley Rental Code Ordinance and Minnesota State Statues. 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.

*Any additional cost incurred by the city will be the responsibility of the property owner (legal fees, recording fees, etc.).

**If the property requires more than two inspections there will be an additional $50 per inspection per unit fee.

I grant a "right of entry" to the City of Eden Valley and its agents for inspection purposes under ordinance §153.08

Signature: _____ Date: _____

Return completed application along with the rental fee and building layout to:
City of Eden Valley
PO Box 25
Eden Valley, MN 55329