

# Application for Rental License

City of Crookston  
Rental Licensing Office  
620 S. Main  
Crookston, MN 56716  
Phone: (218) 281-4584

**All applicable lines of this application must be filled out. Failure to provide complete information may result in rejection of the application, the need to reapply and the assessing of late fees.**

(PLEASE PRINT OR TYPE)

License Year \_\_\_\_\_ Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_

1. Address of Dwelling: \_\_\_\_\_

2. Name, Address, Phone of each Owner/Partner/Corporate Office:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
-------------	----------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Name, Address, Phone of caretaker or Manager who receives and handles tenant inquiries, complaints, and who can be reached in case of an emergency (Notify this office of any changes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Type of Dwelling: (Example: Owner occupied with a sleeping room is considered a Duplex by our office).

Single Family                       Duplex                       Multiple Family

5. If multiple family, total number of units in dwelling. \_\_\_\_\_

6. Are any units located in the basement?     Yes                       No

7. Number of bedrooms (sleeping rooms) and square footage of each. List by apartment number. Attach additional sheet if necessary.

<b>Single Family/Apt. 1:</b>	Bedroom 1 _____	Bedroom 2 _____	Bedroom 3 _____	Bedroom 4 _____	Bedroom 5 _____
<b>Apt. 2:</b>	Bedroom 1 _____	Bedroom 2 _____	Bedroom 3 _____	Bedroom 4 _____	Bedroom 5 _____
<b>Apt. 3:</b>	Bedroom 1 _____	Bedroom 2 _____	Bedroom 3 _____	Bedroom 4 _____	Bedroom 5 _____
<b>Apt. 4:</b>	Bedroom 1 _____	Bedroom 2 _____	Bedroom 3 _____	Bedroom 4 _____	Bedroom 5 _____
<b>Apt.5:</b>	Bedroom 1 _____	Bedroom 2 _____	Bedroom 3 _____	Bedroom 4 _____	Bedroom 5 _____

*(A sleeping room is any room that complies with Egress requirements.)*

8. Off street parking provided:                       Yes                       No                      Number of spaces: \_\_\_\_\_

9. All taxes due are currently paid and all future taxes will be paid during this certification period.     Yes                       No

10. You agree that the building complies with the minimum standard requirements and will be maintained to those standards during this certification period.  Yes  No

11. If the building is sold during certification period and will remain rental property, you agree to apply for a transfer of Rental Certification.  Yes  No

12. You agree to allow inspections of the property and reinspections if needed.  Yes  No

13. NOTICE TO APPLICANTS:

A. THE CITY OF CROOKSTON RENTAL CERTIFICATION DEPARTMENT MUST BE NOTIFIED IN WRITING WITHIN FIVE (5) DAYS OF ANY TRANSFER OF LEGAL CONTROL.

B. COPIES OF THE HOUSING REGULATIONS ARE AVAILABLE FROM THE CITY OF CROOKSTON. OWNERS, AGENTS & MANAGERS SHOULD BECOME FAMILIAR WITH ITS PROVISIONS.

14. Cost of Certification: \$15.00 per rental unit with a limit of \$300.00 per rental address. AMOUNT PAID \_\_\_\_\_

15. Return application along with check to: City of Crookston  
Rental Licensing Office  
620 S. Main  
Crookston, MN 56716

16. Late fees will be assessed if you fail to certify on time:  
1 month late-\$10.00 per rental unit, not to exceed \$100.00 per address  
2 months late-\$20.00 per rental unit, not to exceed \$200.00 per address  
3 months late-\$40.00 per rental unit, not to exceed \$400.00 per address

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner/Agent)

**OPERATION OF A RENTAL UNIT WITHOUT SECURING A CITY LICENSE IS A VIOLATION OF THE LAW**