

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

(PLEASE PRINT OR TYPE)

This Section to be Completed by Seller

1. Address of rental unit: _____
2. Parcel # of Property: _____
3. Name of Current Owner/Seller: _____
If owner is a business, name of contact person: _____
Address: _____ Phone # _____

*Seller must include a copy of Recorded Deed or Recorded Contract with recording stamp.

This Section to be Completed by Buyer

4. Name of Buyer: _____
If owner is a business, name of contact person: _____
Address: _____ Phone# _____
5. Will the above property continue to be a rental unit? Yes No
(If no, complete Change Of Status Form)
6. Name of Manager/Agent: _____ Phone# _____
7. Will the above property be owner occupied? Yes No

This Section to be Completed by both Seller and Buyer

By signing this document, I agree that I will comply with all provisions of the City of Crookston Rental Certification Program, subject to applicable sanctions and penalties. I Further agree that the subject premises may be inspected and that all statements in this application are true. I authorize the City of Crookston to investigate any and all statements contained herein. I acknowledge that the misrepresentation or the omission of facts called for will be just cause for the disqualification or repeal of this certification and that the penalties of perjury will apply for deliberate falsification.

Seller Signature _____ Date _____

Buyer Signature _____ Date _____