

Rental Housing Renewal Application

<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex (___ one unit/ ___ two units)* <input type="checkbox"/> Three/Four Plex (___ one ___ two ___ three ___ four units)* *Check the number of units you are renting	Application Number: LCRH20 <input type="checkbox"/> Multiple Dwelling (___ # of building/ ___ # of units) <input type="checkbox"/> Group Housing (___ # of individuals) Designation: MDH <input type="checkbox"/> or DHS <input type="checkbox"/>
Some associations do not allow for the rental of condominiums and townhouses. Please verify if your property has an association and if the by-laws, rules or regulations allow for rental properties.	

Property Address(es) _____ Unit/Suite _____
 If Multiple Dwelling, name of Complex/Development _____

APPLICANT	Property Owner	Owner Name(s) _____ Address _____ City _____ State ____ Zip _____ E-mail Address _____ Cell Phone (____) ____ - _____ Work Phone (____) ____ - _____ Other Phone (____) ____ - _____
	Business	Business Name _____ <input type="checkbox"/> Address same as above Address _____ City _____ State ____ Zip _____ E-mail Address _____ Contact Phone (____) ____ - _____
	Identification	Minnesota Business Tax ID Number _____ Federal Business Tax ID Number _____ Applicant Social Security Number _____

Complete one only

REQUIRED per
Minnesota Statute 270C.72

Designated Agent or, Group Housing	If Licensee/Owner does not reside in the State of Minnesota Counties of Hennepin, Carver, Scott, Dakota, Ramsey, Washington or Anoka, a Designated Agent who does reside in this seven county metro area MUST be listed.	
	The Designated Agent cannot be the tenant.	
	Management Company/Group Housing _____	Agent: _____
	Agent Name _____	
	Address _____ City _____ State ____ Zip _____	E-mail Address _____ Contact Phone (____) ____ - _____

Workers' Compensation Insurance Coverage:

Insurance company name _____ Dates of coverage _____

Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____

or,

I am **not** required to have workers' compensation liability coverage because I have no employees covered by the law.

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PLEASE SIGN

All correspondence should be mailed to (pick one):

- Property owner/Applicant
- Business
- Designated Agent/Group Housing

Is this property purchased under a contract for deed? See additional application.

- Yes
- No

Utility invoices must be in the name of the owner and sent to the owner's home or business address. The post office will not deliver mail to the rental property site when addressed to the owner and the owner is not the occupant. **Tenant's names will not appear on the invoice.** In the case where there is a property manager, we will send the invoice in the owner's name in care of the property manager. A copy of the contract with the property management company must be on file with the Utility Division.

Unpaid charges will be certified to the County and assessed to the property taxes each year. Disconnection and restoration charges are \$50 for each service performed (\$100 total) if the service is disconnected for non-payment. Services disconnected more than one time will require an additional deposit. Every property owner who fails to keep their correct name and current address on file with the City's Assessing Department (952-563-8722) will be deemed to have waived objection to the adequacy of the manner of providing notice of disconnection and notice of assessment hearings to the addresses on record.

The Bloomington City Code, Rental Housing, Chapter 14, is available online at Bloomingtonmn.gov. It is important to become familiar with the City Code.

The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I understand that all utility invoices will be in the name of the owner and that the owner is responsible to the City for all charges to the utility account. I certify that I am the owner of the property.

I understand, if I am currently Homesteaded at this property, I will notify the Assessing Department at 952-563-8722.

I understand, once the application fee is submitted and paid, I will have 60 days to schedule, complete and pass the inspection. If not the application will be cancelled requiring me to reapply.

I understand, if I do not meet the Health Inspector for the scheduled inspection or if the Health Inspector is unable to gain entry, I will be charged a \$100 rescheduling fee.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

By signing this application, I acknowledge the Rental License will not be issued until an Environmental Health inspection is passed.

Property Owner Signature _____ **Date Signed** ____/____/____