

# 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>
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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.

**Single Family/Apt. 1:**    Bedroom 1 \_\_\_\_\_ Bedroom 2 \_\_\_\_\_ Bedroom 3 \_\_\_\_\_ Bedroom 4 \_\_\_\_\_ Bedroom 5 \_\_\_\_\_

**Apt. 2:**    Bedroom 1 \_\_\_\_\_ Bedroom 2 \_\_\_\_\_ Bedroom 3 \_\_\_\_\_ Bedroom 4 \_\_\_\_\_ Bedroom 5 \_\_\_\_\_

**Apt. 3:**    Bedroom 1 \_\_\_\_\_ Bedroom 2 \_\_\_\_\_ Bedroom 3 \_\_\_\_\_ Bedroom 4 \_\_\_\_\_ Bedroom 5 \_\_\_\_\_

**Apt. 4:**    Bedroom 1 \_\_\_\_\_ Bedroom 2 \_\_\_\_\_ Bedroom 3 \_\_\_\_\_ Bedroom 4 \_\_\_\_\_ Bedroom 5 \_\_\_\_\_

**Apt.5:**    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. Cost of Certification: \$15.00 per rental unit with a limit of \$300.00 per rental address. AMOUNT PAID \_\_\_\_\_

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

11. 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

12. By signing this application I agree to comply with the following requirements of the Rental Licensing Program:

- A. Property taxes on this parcel are currently paid and will be kept current during the licensing period.
- B. I will allow annual inspections of this property to ensure compliance with the minimum standard requirements set forth in the Rental Licensing Program.
- C. If this property is sold, transferred or otherwise changes status during the Licensing period, I will notify the Rental Licensing Office for the City of Crookston.

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

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