



City of Medicine Lake

10609 South Shore Drive • Medicine Lake, Minnesota 55441 • (763) 542-9701 • (763) 746-0142 fax

APPLICATION FOR RENTAL INSPECTION

Send questions to cshaffer@cityofmedicinelaake.com

HOUSING TYPE Check suitable TYPE along with specific DESCRIPTION

- Single Family Dwelling
- Two Family Dwelling (duplex - both units rental)
- Multi-Family Dwelling (3 + rental units) _____

OWNERSHIP TYPE (Check one)

- Individual
- Trust
- Partnership
- Corporation/LLC
- Contract for Deed

RENTAL PROPERTY INFORMATION:

Rental Property Address: _____ Zip _____

List all building addresses _____
(Attach a separate sheet if necessary to list all addresses.)

OWNER INFORMATION

Owner Name: _____

Business Name: _____
First MI (Required) Last

Owner's Address: _____ E-mail _____

City _____ County _____ State and Zip _____

Daytime Phone # _____ Cell Phone # _____

Signature of Owner

Date

Person Responsible for Maintenance & Management of the Rental Property *If other than the Owner*

Name of Property Management Co.: _____

Name of Agent: _____
First MI (Required) Last

Daytime Phone # _____ Residence Phone # _____ Cell Phone # _____

Address: _____ E-mail _____

City _____ County _____ State and Zip _____

TENANT REGISTER

The licensee shall provide a current register, kept by the City, of all tenants and other persons with a lawful right to occupy a licensed dwelling unit with the corresponding address. The licensee must promptly notify the City of Medicine Lake Council designee in the event of a tenant change. The register will be made available to Emergency response personnel as needed.

Please include the tenant registrar with your license application

FEE SCHEDULE

Rental Fees

License fee per rental unit (for 3 years)	\$90
Inspection fee	\$125
Multi Unit dwelling inspection per unit	\$10

Total fee paid \$ _____

(Make checks payable to the City of Medicine Lake. Mail application, fees and Tenant Registrar to City of Medicine Lake, c/o Connie Shaffer, 10609 South Shore Dr, Medicine Lake, MN 55441)

IMPORTANT INFORMATION

- Every Licensee shall promptly notify the City at 763-542-9701 of any changes in the names, addresses, and other information concerning the person listed in the Tenant Registrar.
- Licenses are not transferable upon sale of a property.
- Licensee must reside in the counties of Hennepin, Ramsey, Anoka, Carver, Dakota, Scott, Washington, Sherburne, or Wright or have a designee who resides within the above stated counties and is responsible for maintenance and upkeep.
- An inspection of your rental property is required as part of the licensing process. If you have any questions about the City of Medicine Lake Rental Licensing and Inspection process, please contact the City at 763-542-9701 or cshaffer@cityofmedicinelaake.com
- Refusal to permit entry to the structure or premises for the purpose of inspection may result in immediate revocation of rental license.
- All delinquent fees must be paid in full prior to License activation.
- Failure to comply with or meet the deadlines set for inspection and renewal will result in proceedings for revocation of licensing privileges as stated in Rental Housing: Regulations.

I certify that the above information is true and correct and I understand all mailings from inspections division including the annual rental license billing statement will be mailed to the appointed agent/contact person.

Signature of Person Responsible for Maintenance/Mgmt. must be notarized (If other than the Owner)

Signature of Agent (if other than owner) _____ Date _____

Subscribed and sworn to before me on this _____ day of _____, 20____,

Notary Public, _____ County

Caution: Your signature as Agent on this form will make you responsible for the maintenance and management of this rental property.

FOR OFFICE USE ONLY

LICENSE PERIOD 2024 TO 2027

Inspection Year: **2023**

AMOUNT RECEIVED \$ _____ Check number _____

Temporary License Effective Date _____ Expiration Date _____

Insp. Scheduled _____ Access Entered DATE RECEIVED _____

Last Updated 11-08-13

