



# 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](mailto: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 \_\_\_\_\_

**FEE SCHEDULE**

Please include the tenant registrar with your license application

**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**

- 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](mailto: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	<u>2024</u>	TO	<u>2026</u>
Inspection Year:	<u>2023</u>		
AMOUNT RECEIVED \$	_____	Check number	_____
Temporary License Effective Date	_____	Expiration Date	_____
Insp. Scheduled	_____	Access Entered	<input type="checkbox"/> DATE RECEIVED _____