APPLICATION FOR RENTAL HOUSING REGISTRATION

ONE APPLICATION PER RENTAL HOUSING PROPERTY
(Please print or type)

1. Address of Rental Property: _____

2. Name, Address, Phone Number, Fax Number, of each owner/partner/corporate officer of above rental property:

Names: _____

Address: _____

City: _____State: _____ Zip: _____

Phone #: _____ Fax #: _____

3. Name, Address and Phone Number of manager for above rental property:

Names: _____

Address: _____

City: _____State: _____ Zip: _____

Phone #: _____Fax #: _____

4. Name and Phone Number of designated agent in **Otter Tail County**:

Names: _____

Address: _____

City: _____State: _____ Zip: _____

Phone #: _____Fax #: _____

5. Name and Phone Number of tenant to contact residing at address

Names: _____ Phone #: _____

Address:_____

City:_____State:_____Zip:_____

6. Type of dwelling (Example: owner occupied with a sleeping room is considered a two-family dwelling unit according to this office.)

_____

7. Total Number of dwelling units at the above listed rental property: _____

8. How many sleeping rooms are in each rental unit? _____

   Is there a living room in each dwelling unit? _____Yes _____No

9. How many apartments/sleeping rooms are located in the basement of the rental dwelling? Basement Apartments _____

10. Is this property on private well and/or septic? _____ Yes _____ No

If yes, an annual test of the private well water is required. Annual Fee is $50.00.

A. Last inspection date: well _____ septic _____

B. A copy of the well water test report must accompany this application.

11. Notice to Applicants:

A. The City Clerk must be notified within five (5) business days of any transfer of legal control such as Contract for Deed, Lease to Buy, etc. as well as any change in local management/caretaker for each rental unit.

B. Failure to register rental property within thirty (30) days after the due date will result in a late charge as per the registration late fee schedule. Also, if no registration/renewal of rental property is received, the property will be in direct violation of the Rental Housing Ordinance, and may be subject to mandatory vacating of property.

12. Application

The undersigned hereby applies for a rental housing registration, as required by the City of Pelican Rapids, MN and attests that the subject premises will be operated and maintained according to the City's requirements for rental housing and understand they are subject to applicable sanctions and penalties if not complied to. The undersigned further agrees that the subject premised may be inspected by the compliance official (s) as provided in the Rental Housing Ordinance. The applicant further certifies that all statements and facts in this application are true and hereby authorizes the City of Pelican Rapids to investigate any and all statements or facts contained herein; acknowledging that the misrepresentation or the omission of facts called for will be just cause for the revocation/suspension of this registration.

13. All appointments must be cancelled with a 24-hour notice to the City of Pelican Rapids. In any event this is not done all no-show scheduled inspections will be charged at a rate of 1st time $25.00, 2nd time $50.00.

SIGNATURE _____ DATE _____

FEES

WELL TEST FEE, if applicable, = $50.00

RENTAL UNIT (s) FEE = $20.00

X _____ TOTAL # OF DWELLING UNITS (See #6)

TOTAL AMOUNT DUE: = _____

TO BE COMPLETED BY THE CITY OF PELICAN RAPIDS

TIME /DATE OF APPOINTMENT_____

DATE RECEIVED: _____ BY: _____

RECEIPT NUMBER _____