

City of White Bear Lake Community Development Department 4701 Highway 61 N. White Bear Lake, Minnesota 55110 651-762-4837 | www.whitebearlake.org

RENTAL LICENSE APPLICATION – 3 OR MORE UNITS

| Name of Rental Housing: | | | | |
|---------------------------|------------------------|----------------|----------|--|
| Addresses (included num | ber for each building) | : | | |
| | | | | |
| | | | | |
| | | | | |
| Application is for: | New License | Renewal | | |
| Type of Rental Housing: | Apartment | Triplex | Fourplex | |
| Number of rental building | gs on property: | | | |
| Number of rental units in | each building and age | e of building: | | |

| Building # | Efficiency | 1 bedroom | 2 Bedroom | Other | Age of Building |
|--------------|------------|-----------|-----------|-------|-----------------|
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| | | | | | |
| | | | | | |
| Total Units: | | | | | |

License Fee: \$ ______ (\$200.00 *(1 unit base fee)* + \$15 for each additional unit. Please make checks payable to the City of White Bear Lake. If property owner transfers or gives up legal control or ownership of the rental property, they must notify the city within five (5) days of transfer or legal control or ownership. *Mail License to:*

| Name: | | | | |
|----------|-------|--------|------|--|
| Address: | City: | State: | Zip: | |

Owner(s) – if corporation, list principal officers:

| Name: | | | |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
| Phone: | Cell: | Email: | |

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| Address: | City: | State: | Zip: |
|----------|-------|--------|------|
| Phone: | Cell: | Email: | |

Property Manager(s):

| Name: | | | |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
| Phone: | Cell: | Email: | |

Names:

| Address: | City: | State: | Zip: |
|----------|-------|--------|------|
| Phone: | Cell: | Email: | |

All correspondence, written or oral, should be directed to:

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business tax identification number or the social security number of each license applicant. Please supply the following information. Applicant's Minnesota Tax Identification Number or Social Security Number:

REQUIRED

I have read and understand all the laws and ordinances pertaining to the operation of a rental dwelling in the City of White Bear Lake (see www.whitebearlake.org for further information). It is agreed that notification to the City will be provided in writing within five (5) days of any change of ownership or resident agent information.

Applicant Signature:

Date:

| Fo | r Office Use Only: |
|-----------------------|--------------------|
| License #0000 | ID #: |
| Inspection Date/Time: | Inspector: |