



Fire and Building Safety Division
13065 Orono Parkway
Elk River, MN 55330

RENTAL DWELLING LICENSE APPLICATION

City Use Only

Date received: _____

Pro # : _____

PID # : _____

Date issued: _____

Issued by inspector: _____

Section 1: Rental Dwelling Information

Dwelling Address: _____

Type of Dwelling: Single Family Condo/Townhome Duplex (Form for each renter's unit)

Application: New Renewal Year Built: _____

- Property must be scheduled and inspected within 30 days of application receipt. (Failure to complete inspection within 30 days will result in a double fee.)
- Inspected and approved Rental License Certifications will expire one year from the date of the application payment.
- Rental License Certification is required annually.

Section 2: Owner Information

Name of Owner: _____
Last (if a business, list business name) First MI

Address of Owner: _____
(Address cannot be a P.O. Box or commercial mailing service)

City State Zip

Work Telephone: _____ Home Telephone: _____

Cell/Other: _____ E-Mail Address: _____

If you wish correspondence to be sent to a different address, such as a P.O. Box, please list that address below:

Mailing Address: _____
City State Zip

Office Use only

Called L/M

Date _____

Intl: _____

Called L/M

Date _____

Intl: _____

Inspector Appointment Info:

Appointment date: _____

Appt. time: _____

Appt. with: _____

Appt. Contact cell: _____



FABS

Phone: 763.635.1060

Fax: 763.635.1090

www.ElkRiverMN.gov/Fire

Section 3: Local Property Agent/Manager Information

Note: If this section is completed, all correspondence, including notice of violations, will be directed to the local agent.

Name of Agent: _____
Last First MI

Agent Business Name: _____
(If a business, list business name)

Address of Agent: _____
(Address cannot be a P.O. Box or commercial mailing service)

City State Zip

Work Telephone: _____ Home Telephone: _____

Cell/Other: _____ E-Mail Address: _____

If you wish correspondence to be sent to a different address, such as a P.O. Box, please list that address below:

Mailing Address: _____

City State Zip

Section 4: Signature

I affirm by my signature below that I am in compliance with all rental dwelling licensing standards outlined in the City of Elk River Code of Ordinances, Chapter 30, Article III, Division 3 and understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial or refusal to renew, revocation, or suspension of my rental dwelling license. The owner shall notify the City of Elk River within thirty (30) days of transfer of ownership. The undersigned further agrees the subject premises may be inspected by the Fire Chief or his/her designee as outlined in the Code of Ordinances.

Signature of Owner/Agent

Date