

APPLICATION FOR RENTAL REGISTRATION CERTIFICATE



City of Centerville, Minnesota

Directions: Type or print in ink. Indicate if you are an owner, partner, association officer or agent/manager in charge of premises. **YOU MUST PROVIDE THE FULL NAME, INCLUDING FULL MIDDLE NAME, (no initials) AND DATE OF BIRTH FOR EVERY PERSON LISTED.**

1. Business Type: Owner Circle One Partnership Corporation
Association Officer Agent/Manager
2. Rental Property Address: _____ No. of Units: _____
3. Type(s) of Occupancy: _____
4. Applicant Name: _____
(First) (Middle) (Last) (Date of Birth)
- Position: _____ Phone: _____
5. Residence Address: _____

6. If partnership, LLC, or Corporation, complete the following:
Business Name: _____
Business Address: _____ Phone: _____
How long have you been in business at this address? _____
Home office address: _____ Phone: _____
State of Incorporation _____ Date of Incorporation _____
7. Fill out the information for agent appointed by the owner to accept service of process or give receipt for notices.
Full Name: _____
(first) (middle) (last) (date of birth)
Residence Address: _____ Phone: _____

8. As the owner of the property, you are responsible for any utility charges (sewer, water and garbage). We will bill your tenant(s) (individually metered units only) and issue you a duplicate copy of the sewer and water bills. You will need to contact Waste Management at (952) 890-1100 if you desire a duplicate of the garbage bill. It is your responsibility to ensure that these utilities are paid as they will become a lien on the property and can be collected with property taxes pursuant to Minnesota State Statute 429.101 Subd. 1, (10). It is not the City's responsibility to collect these fees from your tenant(s).
9. It is the landlord's/owner's responsibility to notify the tenant of all inspections prior to the arranged inspection. It is not the City's responsibility to notify your tenant.
10. The tenant has a right to contact the City of Centerville's Building Inspection Department to request an inspection for a \$25.00 fee. If a violation is found, the tenant will receive a refund; if no violation is found the \$25.00 fee will become non-refundable.

APPLICANTS SIGNATURE MUST BE NOTARIZED

Signature of Owner/Applicant _____ **Date** _____

Print Name _____
(first) (middle) (last)

Subscribed and sworn before me a Notary Public

on this: _____ day of _____, _____.

Notary Signature: _____

My Commission Expires on: _____

If you are not sure that your unit(s) meet the requirements of the 1997 Uniform Housing Code, contact the Centerville Building Official to schedule an inspection at 651-429-4750.

The City of Centerville reserves the right to request additional information to assist in the evaluation of this application.

\$110.00 for 1st unit/\$25.00 per unit thereafter within the same structure.

INSPECTION DATE: _____ **TIME:** _____

Telephone # of where you can be reached if the above desired inspection date and time is not available: _____