



Rosemount City Hall
2875 145th Street West
Rosemount, MN 55068
 651-322-2024
 651-423-5203 (FAX)

Rental License Application

Rental Premises Address: _____

Name of Complex, (if any) _____

Owner Name: _____ Agent/Caretaker: _____

Address: _____ Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Check one of the following that applies:

New Rental License Renewal Rental License

Properties within the City of Rosemount:

Type of rental dwelling unit:

Single-Family Duplex Townhome

Multi-Family Structure (Apartments/Condos)

of buildings: _____ # of rental dwelling units: _____

Properties outside of the City of Rosemount:

List the business names and property addresses for rental properties operated by the applicant in other Minnesota municipalities.

Address: _____ City: _____

The undersigned hereby applies for a rental dwelling license as required by Title 9-8-4 of the City Code of the City of Rosemount; acknowledges that the provisions of Title 9 Chapter 8 of the City Code have been reviewed; and attests that the subject premises will be operated and maintained according to the requirements contained therein, subject to applicable sanctions and penalties. The undersigned further agrees that the subject premises may be inspected by the housing official as provided in Title 9-8-8 of the City Code. The applicant further certifies that all statements and facts in this application are true and authorizes the City of Rosemount to investigate any or all statements or facts contained herein acknowledging that the misrepresentation or the omission of facts called for will be just cause for the suspension or revocation of the license.

Signature of Applicant or Authorized Agent

Date

Make sure to enclose the \$35/unit application fee when mailing this application – call 651 322 2024 if you need information.