



City of North Mankato
1001 Belgrade Ave; North Mankato, MN 56003
507.625.4141

2024 RESIDENTIAL RENTAL LICENSE RENEWAL APPLICATION

RENTAL PROPERTY ADDRESS: _____
(Only 1 address per application. Duplicate this page if needed)

RENTAL COMPLEX NAME: _____
(If applicable. Eg. Southhampton Apartments, Eastridge Townhomes, etc.)

Number of Rental Units for this Address: _____ x **\$45.00** per unit = \$ _____

PROPERTY OWNER INFORMATION

OWNER NAME: _____
(First) (MI) (Last)

MAILING ADDRESS: _____
(Street Address) (City) (State) (Zip)

(Cell Phone) (Work Phone) (Home Phone)

(E-mail)

North Mankato City Code requires a local agent if owner does not live within a 30-mile radius of the city as measured from the Veterans Memorial Bridge. The agent listed herein (if any) is authorized to receive correspondence, license renewals, summons and complaints on behalf of the owner.

PROPERTY AGENT INFORMATION

NAME OF AGENT: _____
(If other than owner) (Company Name) (Contact Name)

MAILING ADDRESS: _____
(Street Address) (City) (State) (Zip)

(Cell Phone) (Work Phone) (Home Phone)

(E-mail)

I hereby certify that all information contained herein is true and accurate. I hereby grant permission to the City of North Mankato to make inspections of the structure listed herein to determine its compliance with all applicable codes. I agree to maintain a clean, safe, sanitary residential dwelling. I understand that my failure to comply with these requirements may result in a monetary fine or revocation of the license. I hereby certify that the agent listed herein (if any) is authorized to receive correspondence, license renewals, summons and complaints on behalf of the owner. The owner and/or agent agree to promptly notify the City of any change in agent or transfer of ownership.

I understand that payment made with this application has been accepted for the purpose of renewing a rental license and that such acceptance does not constitute an automatic granting of a rental license. Application will not be processed without payment, signature, date, and completed tenant list.

(Applicant Signature)

(Date)

OFFICE USE ONLY

Amount Due: _____ Date Rcvd: _____ Receipt # _____ License #(s) _____

Tenant List

This sheet must be completed and submitted with the application

Rental Property Address: _____
(Only 1 address per application. Duplicate this page if needed)

Number of Rental Units for this Address: _____

Rental Unit # _____ **Check here if this unit is currently vacant**

Total # of Persons in unit: _____ # of Children in unit under age 18: _____

<u>Names of all Adults in unit – both first and last name</u>	<u>Phone #</u>
_____	_____
_____	_____
_____	_____
_____	_____

Rental Unit # _____ **Check here if this unit is currently vacant**

Total # of Persons in unit: _____ # of Children in unit under age 18: _____

<u>Names of all Adults in unit – both first and last name</u>	<u>Phone #</u>
_____	_____
_____	_____
_____	_____
_____	_____

Rental Unit # _____ **Check here if this unit is currently vacant**

Total # of Persons in unit: _____ # of Children in unit under age 18: _____

<u>Names of all Adults in unit – both first and last name</u>	<u>Phone #</u>
_____	_____
_____	_____
_____	_____
_____	_____

Rental Unit # _____ **Check here if this unit is currently vacant**

Total # of Persons in unit: _____ # of Children in unit under age 18: _____

<u>Names of all Adults in unit – both first and last name</u>	<u>Phone #</u>
_____	_____
_____	_____
_____	_____
_____	_____