



9180 Lexington Avenue
Lexington, MN 55014
Phone: (763) 784-2792
Fax: (763) 785-8951
www.ci.lexington.mn.us

GENERAL DWELLING 2 YEAR RENTAL LICENSE APPLICATION

New License _____ *Renewing License* _____ *Application Date* _____

Main Contact Person: OWNER AGENT CARETAKER

LEGAL NAME: _____

LEGAL ADDRESS: _____

WE DO NOT ACCEPT PO BOXES

CITY: _____ STATE: _____ ZIP CODE: _____

VALID PHONE NUMBER: _____

CELL PHONE NUMBER: _____

CURRENT E-MAIL: _____

DRIVERS LICENSE NUMBER: _____

FAX NUMBER: _____

SIGNATURE OF MAIN CONTACT: _____

SS NUMBER or EIN NUMBER: _____

MINNESOTA BUSINESS ID NUMBER: _____

GENERAL DWELLING NAME: _____

GENERAL DWELLING ADDRESS: _____

FEES: ** FEES ARE NON-REFUNDABLE **

GENERAL DWELLING LICENSE FEE: \$100.00

INSPECTION FEE: \$100.00

TOTAL FEE FOR LICENSE \$ _____ **DUE WITH APPLICATION**

OWNER (THIS SECTION REQUIRES COMPLETION BY ONE OWNER ONLY)

The undersigned hereby applies for a general dwelling rental license: attests that all estate taxes and **municipal utility bills are paid in full**: and attest to the subject premises will be operated and maintained according to the requirements contained in Chapter 714 of the Municipal Code, subject to applicable sanctions and penalties. The undersigned further agrees the subject premises may be inspected by the Building Official.

Signature of Owner _____

****OFFICE USE ONLY****

License# _____

Date Received _____