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MULTI-DWELLING RENTAL LICENSE APPLICATION

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

Main Contact Person: OWNER AGENT CARETAKER

NAME: _____

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: _____

SOCIAL SECURITY NUMBER: _____

or

MINNESOTA BUSINESS ID NUMBER _____

MULTIPLE DWELLING NAME: _____ NO OF UNITS: _____

MULTIPLE DWELLING ADDRESS: _____

FEES: ** FEES ARE NON-REFUNDABLE **

MULTIPLE DWELLING LICENSE FEE: \$100.00

INSPECTION FEE: \$200.00 + \$35.00 PER UNIT \$ _____

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

CORPORATION	PARTNERSHIP	COMPANY

OWNER (THIS SECTION REQUIRES COMPLETION BY ONE OWNER ONLY)

The undersigned hereby applies for a multiple 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: _____

Names of Renters: _____

For Utility Billing _____

(If Applicable) _____

PLEASE KEEP US UP TO DATE ON ANY CHANGES IN RENTERS

** Office Use Only **	
License# _____	Date Received _____