

**RENTAL DWELLING LICENSE APPLICATION**



9180 Lexington Avenue  
Lexington, MN 55014

Phone: (763) 784-2792

Fax: (763) 785-8951

[www.ci.lexington.mn.us](http://www.ci.lexington.mn.us)

FOR OFFICE USE ONLY	
Date Received:	_____ New _____ Renewal _____ Payment
Method:	___ Check ___ Credit Card ___ Cash Amount Paid \$ _____
Date Inspection Scheduled:	_____
Received:	___ Application ___ MNDOR Cert of Compliance ___ MN Workers Comp Cert of Comp ___ Affidavit of Owner Occupancy (If Applicable)
Date Processed:	_____
License #	_____

**RENTAL PROPERTY INFORMATION**

**Rental Property Address:** \_\_\_\_\_

Type of Dwelling: \_\_\_ Manufactured Home \_\_\_ Single Family/Townhouse/Condo \_\_\_ Twin home  
\_\_\_ Duplex/Triplex/4-Plex/Apartment Building Number of Units \_\_\_\_\_

Property Owner Occupied, or other reason not currently a rental per affidavit \_\_\_ YES \_\_\_ NO  
*(If yes Affidavit must be signed & returned with application)*

\_\_\_ New Rental \_\_\_ Renewal of Rental

**PROPERTY OWNER INFORMATION**

**Type of Ownership:** \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation

Business Name (if applicable): \_\_\_\_\_

Property Owner's Name(s): \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

Phone Number(s)

(Home)

(Cell)

(Work)

Email Address(es)

**RENTAL DWELLING AGENT**  
*If owner does not live in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Washington or Wright County, a dwelling agent, who resides within these counties, shall be designated by the owner to be legally responsible for compliance with Lexington rental ordinances. (Sec. 15.107)*

**MANAGEMENT COMPANY:** \_\_\_\_\_ **AGENT:** \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

(Company Phone #)

(Agent Phone #)

(Email Address)

## RENTAL PROPERTY FEES

***Rental Licenses are to valid for a period of 2 years (24 months)  
Application & Inspection fees are payable with each new & renewal of license***

<b>Rental Dwelling Licensing Application Fee</b>	<b>\$ 100.00 New/Renewal</b>
<b>Inspection Fee</b>	
Single Family/Town-home/Condominium	\$ 100.00
Single Family/Town-home/Condominium Re-Inspection	\$ 50.00
Twin Home	\$ 150.00
Twin Home Re-Inspection	\$ 50.00
Manufactured Home	\$ 50.00
Manufactured Home Re-Inspection	\$ 50.00
Multiple Family (Duplex/Triplex/4-Plex/Apartment) Building	\$ 200.00 + \$ 35.00 Per Unit
Multiple Family (Duplex/Triplex/4-Plex/Apartment) Re-Inspection Building	\$ 50.00
Multiple Family (Duplex/Triplex/4-Plex/Apartment) Re-Inspection Unit	\$ 25.00
<b>No Show for Inspection</b>	<b>\$ 60.00</b>
<b>Complaint Inspection</b>	<b>\$ 60.00</b>

**Total Due with Application \$ \_\_\_\_\_**

## IMPORTANT INFORMATION

- **GOVERNMENT DATA PRACTICES ACT – TENNESSEN WARNING:** The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted and as such will be available to the general public upon written request. *MN Law M.S.13.41*
- Every Licensee shall promptly notify the Permit Technician (763-784-2792) of any changes in the names, addresses and other information concerning the person(s) listed on the application within 72 hours of change. This license is not transferable to another person or to another rental dwelling unit. *Sec.15.107*
- In the act of filing this application with the City of Lexington, the owner or agent of the rental dwelling unit(s) agrees to permit inspections. The minimum standard to be used for inspections can be found in the city ordinance *Sec.15.107 Subd.1(c)*.
- All tenant leases must contain crime free multi-housing or equivalent language as found in the city Crime free rental housing ordinance. *Sec.15.107 Subd.1 (j)*.

The undersigned acknowledges that he/she is the property owner or is legally responsible for the property and that he/she can rent this property, that this application has been read, that the information provided on this application is accurate, and further agrees to comply with the City of Lexington rental dwelling code.

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Signature of Owner

Print Name

Date

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Signature of Agent (if applicable)

Print Name

Date



**CERTIFICATE OF COMPLIANCE - DEPARTMENT OF REVENUE INFORMATION**

**Rental Property Address:**

9180 Lexington Ave • Lexington, MN 55014  
P: 763-784-2792 F: 763-785-8951

Pursuant to Minnesota Statute 270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your license issuance.

Please supply the following information and return along with your application:

**Personal Information:**

Applicant's Name

Applicant's Address

City/State/Zip

Social Security Number

Phone Number

**Business Information: (if applicable)**

Business Name

Business Address

City/State/Zip

Minnesota Tax ID #

Federal Tax ID #

*If a Minnesota Tax ID number is not required, please attach explanation.*

**TENNESSEN WARNING:** In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Lexington.
2. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
3. You are not legally obligated to supply the requested information. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
4. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minn Stat. 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
5. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
6. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.**

Signature

Position(if applicable)

Date

**Certificate of Compliance**  
**Minnesota Workers' Compensation Law**  
**This form must be completed by the business license applicant.**

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call MN Department of Labor at (651) 284-5032 or 1-800-342-5354

**LEASE ADDENDUM FOR CRIME FREE/DRUG FREE HOUSING**

**In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:**

**Crime Free/Drug Free.**

1. Resident, any members of the resident's household or a guest or other person under the resident's control shall not engage in illegal activity, including drug-related illegal activity, on or near the said premises. "Drug- related illegal activity" means the illegal manufacture, sale, distribution, purchase, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 or the Controlled Substance Act [21 U.S.C. 802]) or possession of drug paraphernalia.
2. Resident, any member of the resident's household or a guest or other person under the resident's control shall not engage in any act intended to facilitate illegal activity, including drug-related illegal activity, on or near the said premises.
3. Resident or members of the household will not permit the dwelling to be used for, or to facilitate illegal activity, including drug-related illegal activity, regardless of whether the individual engaging in such activity is a member of the household.
4. Resident or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any locations, whether on or near the dwelling unit premises or otherwise.

**VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY.** *A single violation of any of the provisions of this agreement shall be deemed a serious violation and material non-compliance with the lease.*

**Disorderly Conduct.**

1. Resident, members of the resident's household, guests, or other persons under the resident's control shall not engage in the following Disorderly Conduct activities: violations of state law relating to alcoholic beverages, trespassing or disorderly conduct or violations of the Lexington City Code.
2. **THREE DISORDERLY CONDUCT VIOLATIONS INVOLVING THE SAME TENANCY WITHIN A CONTINUOUS TWELVE MONTH PERIOD SHALL BE SUBSTANTIAL AND MATERIAL VIOLATION TO THE LEASE AND GOOD CAUSE FOR TERMINATION OF THE TENANCY.**

**Non-exclusive Remedies.**

The Crime Free/Drug Free and Disorderly Conduct provisions are in addition to all other terms of the lease and do not limit or replace and other provisions.

**Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by the preponderance of the evidence.**

This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

**Management**

**Resident(s)  
Acknowledge receipt of this addendum  
By signature of this document**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Note that this Affidavit only needs to be signed and submitted  
IF YOU ARE NO LONGER RENTING YOUR PROPERTY**

## AFFIDAVIT

The undersigned Affiant(s), being duly sworn, states:

1. \_\_\_\_\_ (property owner), hereafter referred to as the Affiants, are the record fee owners of the following described property located at:

\_\_\_\_\_ (address) in the City of Lexington, and legally described as follows:

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2. Affiant is aware of the Section 15.107 Rental Housing Licensing, of the City of Lexington's Code and understands that it is necessary to obtain a Rental Housing License from the City of Lexington prior to the rental of a residential dwelling unit in the City of Lexington.

3. Affiant acknowledges that the above-referenced residential dwelling unit is not being rented.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Reason for this affidavit:

Property is being repaired/remodeled

Property is being occupied by owner

Property has/is being sold

Property is being rented by relation (*as stated in below paragraph*)

Other \_\_\_\_\_

The owner of a rental dwelling unit is exempt from permitting and licensing requirements of this section if the renter of the dwelling unit is related to the owner as a parent, child, sibling, grandparent, grandchild, step-parent, step-child, step-grandparent, or step-grandchild and the owner files an affidavit with the City of Lexington stating that the renter is one of these relations. The address of the dwelling and renter must be renewed at least every two (2) years (24 months).

The owner must notify the City of Lexington in writing within 30 days of this exemption being lost due to the renter not being related to the owner as one of the affidavit relations stated in the above paragraph.

# Inspection Checklist

## EXTERIOR

### Yard Maintenance

- Grass cut to less than 6" high
- Trees and Shrubs trimmed and maintained

### Driveways and Parking

- General condition
- All vehicles must be parked on a hard surface
- All vehicles must have current tabs and be operational

### Accessory Buildings

- General condition

- Location

### Refuse Storage

- Approved covered containers
- Containers not visible from street

### Fences/Retaining Walls

- General condition

## INTERIOR

### Occupancy Separation

- Fire separation between units and between garage and residence

### Security

- Locks on ground floor windows
- Exterior door locks (interior keyed deadbolts are prohibited)

### Doors and Windows

- All bedrooms have two forms of egress
- Operational windows must have screens
- Operational windows lock if less than 12' from grade
- Exterior doors are solid core or insulated
- All doors operational
- All garage doors operational

### Ceilings

- Water damage

### Building Exterior

- Roof free from defects
- Siding free from defects
- Window free from defects
- Doors free from defects
- Foundation free of damage and defects
- Chimneys and vents free of visible signs of deterioration
- House numbers visible from street
- Gutters and downspouts direct water away from structure
- Fascia and soffits free from defects

### Decks/Patios

- Decks 30" or higher have guardrails
- Decks with 3 or more steps have handrails
- Handrails and guardrails are secure

### Walls

- Free of holes in walls
- Cracks or chipping
- Water damage

### Flooring

- Free of cracks, holes, rips, etc
- Free of tripping hazards

### Stairs

- Carpeting is secure
- Handrails on all stairways
- Must be illuminated

### Tub/Shower

- Washable and water tight surface around tub and floor

### Toilet

- Free of chips and cracks
- Properly secured to floor
- Sanitary condition
- Flushes correctly

**Ventilation**

- Bath fan installed and operable if no window

**Electrical**

- All outlets and switches have plates
- All wires concealed

**Fire Extinguishers**

- Fire extinguishers
- Inspected and tagged

**Furnace/Air Conditioner**

- Venting free of rust and fully operational
- 3' clearance from combustibles
- Adequate temperature

**Water Heater**

- Verify existence of relief valve
- Free of leaks

**MULTI-UNIT****Fire Alarm**

- Current fire alarm testing results

**Sprinkler System**

- Current sprinkler system testing results

**Fire Alarm Pull Station**

- In appropriate location
- Operational

**Washer/Dryer**

- Gas dryer shutoff valve
- Dryer metal ductwork to exterior
- Washer water shutoff valves

**Dishwasher**

- Sink area water tight and washable surface
- Hot and cold water

**Stove/Range/Oven**

- All burners and oven elements operable
- Oven gasket in good condition
- Gas range must have shut of valve

**Refrigerator**

- Fully operational with secure gaskets

**Food Storage/Preparation**

- Cabinet doors and drawers with hardware
- Kitchen sanitary – no accumulate garbage

**Exit signs**

- In appropriate location
- Illuminated

**Exiting and Emergency Doors**

- Free of obstructions
- Emergency door latches completely

**NOTE: This list includes the major items covered in an inspection but may not be totally inclusive of all items**

**The Property owner or agent is responsible for notifying tenant at least 24 hours before an inspection.**

**Permits may be required to complete work  
Contact the City of Lexington at 763-784-2792**