

City of Cass Lake

330 Second St. NW PO Box 877
Cass Lake, MN 56633
Ph: 218-335-2238 Fax: 218-335-8951

OFFICE USE ONLY

Date: _____

Receipt #: _____

Inspection passed 1st time: _____

Re-inspection: Billed _____ Paid _____

RENTAL APPLICATION April 1, 2018-March 31, 2020

Application and Payment are due by April 1, 2018
Required Inspections and re-inspections are to be
completed no later than May 31, 2018

A separate application must be completed for each rental unit. All rental properties must apply for a license every two years

RENTAL PROPERTY ADDRESS: _____

PARCEL NUMBER OF PROPERTY: _____

OWNER INFORMATION:

Name _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

PROPERTY MANAGER/CARETAKER INFORMATION(If different from owner):

Name _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____



If the owner lives more than 50 miles from the City of Cass Lake, there must be a designated property manager or caretaker locally to contact in case of an emergency.

****IMPORTANT NOTICE****

Per State Statute all owners must now provide their Social Security number or Minnesota business ID number with an application for business license. Please fill out the attached "Tax Identification Form" and submit with this application. Failure to provide this information will result in the denial of your rental license.

See page 3, Tax Identification Form, for more info.
Reference: Minn. Stat. §270C.72, subd. 4

Rental Unit Information:

- 1. Type of Dwelling: ___One Family___Multi-Family___Two Family___Mobile Home
- 2. Number of sleeping rooms in this rental dwelling:_____
- 3. Number of apartments/sleeping rooms located in the basement of the rental property:
 _____Basement Apartments _____Basement Sleeping Rooms
- 4. Is off-street parking provided? ___Yes ___No _____Number of Spaces

LICENSE FEE AND SCHEDULE:

A Rental License will be issued upon receipt of a completed application, required fee, and passing required inspections. Inspections cannot be scheduled until fee has been received.

Fees:

- Registration fee and initial inspection per unit is \$115.00.
- First re-inspection is free, subsequent re-inspections are \$30.00 per visit.
- If there are zero infractions on initial inspection there will be a \$15.00 reduction in fees per unit inspected, if completed before May 31.

Rental Inspection Scheduling:

Applicant is responsible for scheduling all required inspections with the City Building Official, Andy Sharpe by contacting him at (320) 219-1145. *Note-All inspections must be completed by May 31.

Notice to Applicants:

- 1. The City Clerk must be notified, in writing, within five (5) business days of any transfer of control.
- 2. Copies of the Rental Unit Registration Ordinance 679, of the City of Cass Lake, are available from the city office. Owners, agents and managers should become familiar with its provisions.
- 3. Failure to register rental property within thirty (30) days after the due date will result in late charge, which will be in accordance to the Annual Registration Late Fee Schedule.
- 4. The undersigned hereby applies for a rental dwelling registration as required by City Ordinance 679, acknowledges that the provisions of the Rental Registration Program have been reviewed and attest 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 compliance official. The applicant further certifies that all statements and facts in this application are true and authorizes the City of Cass Lake 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 disqualification or repeal of this registration.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I UNDERSTAND ALL MAILINGS INCLUDING THE RENTAL LICENSE BILLING STATEMENT WILL BE MAILED TO THE APPOINTED AGENT/CONTACT PERSON UNLESS CITY CLERK IS NOTIFIED OF ANY CHANGES

Signature of Owner

Date

Signature of Property Manager if other than owner

Date

*Caution: Your signature as Property Manager on this form will make you responsible for the maintenance and management of this rental property.

TO BE SUBMITTED WITH RENTAL LICENSE APPLICATION

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to Minn. Stat. § 270C.72, subd. 4, 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.

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 licensing 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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name and address of Applicant

Name and address of Business

*Social Security # _____

*For individual business owners (sole proprietors) only, not for partnerships, corporations, etc.

Minnesota Tax Identification #

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.
