



City of Shoreview

4600 N. Victoria Street
Shoreview MN 55126
Phone (651) 490-4682 / Fax (651) 490-4696
Voice/TTY (651) 490-4750
www.ci.shoreview.mn.us

General Dwelling Rental License Application

Applicant: (circle one - Owner or Resident Agent)
(Note: If owner resides outside of the Metro Area a Resident Agent is required.)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

FAX NUMBER: _____

ADDRESS OF RENTAL PROPERTY: _____

Signature of Applicant: _____

License Fees

Annual Fee: \$75.00
License Transfer Fee: \$30.00

List All Owners: (circle one)

Individual

Partnership

Corporation

Company

Name:

Address:

City/State/zip:

Phone:

| Name: | Address: | City/State/zip: | Phone: |
|-------|----------|-----------------|--------|
| | | | |
| | | | |

(Continue on separate sheet if necessary)

Owner: (this section requires completion by one owner only)

The undersigned hereby applies for a general dwelling rental license; attests that all real estate taxes and municipal utility bills are paid in full; and attests 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 compliance official.

Office Use Only

License # _____

Date Received _____

Signature of Owner