



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

Multiple Dwelling Rental License Application

Main Contact Person: (circle one) **Owner** **Management** **Caretaker**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____ E-Mail: _____

Fax Number: _____ **Signature of Main Contact:** _____

Multiple Dwelling Name: _____ No. Of Units: _____

Multiple Dwelling Address: _____

License Fees:

Multiple Dwelling Units Base Fee: \$ 100.00 \$ _____ +
 Fee Per Unit: @ \$ 10.00 \$ _____ or

Crime Prevention Program Reduced Rate: Fee Per Unit: @ \$ 7.50 \$ _____

Total Fee for this Building \$ _____

List All Owners: (circle one)

Partnership

Corporation

Company

Name:

Address:

City/State/zip:

Phone:

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

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.

<u>Office Use Only</u>
License # _____
Date Received _____

Signature of Owner