MULTIFAMILY RENTAL LICENSE APPLICATION

1685 CROSSTOWN BOULEVARD NW, ANDOVER, MINNESOTA 55304 (763) 755-8700 • FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

FOR RENTAL DWELLINGS WITH TWO OR MORE LIVING UNITS

Please List Each Rental Dwellng Unit Street Address Below

Address Number	Street	Unit #

OWNER / MANAGEMENT INFORMATION

☐ Individual/s ☐ Corporation ☐ Partnership

Owner / Responsible Person Name: _____

Business Name *(If Applicable)*: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Daytime / Business Phone: _____ Residence Phone: _____

Cell Phone: _____ E-mail Address: _____

LICENSE TYPE

☐ **New** ☐ **Two -Year Renewal**

MULTIFAMILY RENTAL LICENSE TWO (2) YEAR LICENSE FEE CALCULATION

A separate license is required for each living unit in a building. Please indicate total number of units below.

NUMBER OF UNITS	LICENSE FEE PER UNIT	TOTAL
_____	$75.00 per licensed unit (except owner occupied)	**$** $ 0.00

Note: A re-inspection fee of $50.00 may be charged separately for each valid complaint.

I hereby certify that the above information is true and correct. I understand all mailings from the City of Andover will be mailed to address specified above. I will notify the City within five (5) business days of any change of required information required. I hereby apply for a multifamily rental license pursuant to City codes.

_____ _____

Signature ***Date***

For Tenant/Landlord Rights & Responsibilities Refer to: ***http://www.ag.state.mn.us/Brochures/pubLandlordTenants.pdf***