

CITY OF ST. BONIFACIUS

8535 Kennedy Memorial Drive
St. Bonifacius, MN 55375
952-446-1061

LICENSE EFFECTIVE 06/01/2024 – 05/31/2026

Rental Dwelling License Application - \$22 License Fee and \$105 Inspection Fee per Unit (total \$127 per unit)

Rental Property Information

Rental Property Address:

Type of Dwelling (select one):

Single Family
(House/Condo/Townhome)

Two Family
(Duplex/Twinhome)

Multi-Family _____ units
(Apartments)

Sleeping Room

License Type Information

New Rental

Renewal License

Is tenant a family member?

No

Yes (must complete Affidavit of Exemption)

Property Owner Information

Type of Ownership:

Individual

Partnership

Corporation

Contract for Deed

Property Owner's Name(s)

Business Name (if applicable)

Property Owner's Street Address

City

State

Zip

Mailing Address (if different than above)

Home Phone

Cell Phone

Work Phone

E-Mail Address(es)

Manager/Management Company Information (if applicable)

Management Company

Agent

Street Address (include PO Box, if applicable)

City

State

Zip

Company Phone

Agent Phone

E-Mail Address

Fee (License and Inspection): \$127 per unit payable to the City of St. Bonifacius

Signature of Owner

Print Name

Date

Signature of Agent (if applicable)

Print Name

Date

**AFTER SUBMITTAL OF APPLICATION TO THE CITY, APPLICANT MUST
CALL METRO WEST @ 763-479-1720 TO SCHEDULE AN INSPECTION**

CITY USE ONLY

Inspection Passing Date: _____ Date License Issued: _____ License Number: _____

LICENSE/INSPECTION FEES (\$127 TOTAL PER UNIT):

Amount Paid _____ Date of Payment _____ Receipt _____

Copy 1: Office Copy 2: Owner Copy 3: Building Inspector