



Rental Housing License Application

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828.2316 (fax)

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Brainerd City Code Section 425.1810 License Required. No person shall allow to be occupied, or let to another for occupancy, any dwelling unit unless the owner has first obtained a licensed.

Application must be completed in its entirety – one application per structure. The annual license fee is \$32 per dwelling unit (duplex = 2 units, triplex = 3 units, etc.) **License fees are payable to: City of Brainerd**

Property Address _____

Property Type: Single Family Apartment - Number of dwelling units _____
(check one) Duplex (____ one unit ____ both units) Boarding House (Number of beds _____)
 Triplex Other, describe _____
 Four-plex _____

Business Name (if applicable) _____ Email _____

Owner/officer Name _____ Phone (_____) _____

Address _____
Street City State Zip

Minnesota Business Tax ID Number _____
(per Minnesota Statute 270C.72) _____ Applicant's Social Security Number _____

Federal Business Tax ID Number _____

Owner's Designated Agent – Enter below the information for the natural person responsible for maintenance and management of this property. This person must reside within 30 miles of the City of Brainerd. This person may also be the agent /contact person for the property. A post office box is not acceptable as an address for such person.

Business Name of Agent _____ Email _____

Owner/officer Name _____ Phone (_____) _____

Address _____
Street City State Zip

Declaration of Non-rental – reason for non-rental status _____

Applicant Signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I declare that the information I have provided on this application is truthful and I understand that falsification of information provided on this application will result in denial of the license. I authorize the City of Brainerd to investigate and make whatever inquiries that are necessary to verify the information provided.

X _____ Date _____