



Rental License Application

23340 Cree Street NW
 St. Francis, MN 55070
 Phone: 763-753-2630

_____New Application _____Renewal

Property Address:
Tax Parcel ID #:

Property Type (Check all that apply)	Single Family	Duplex/Townhouse	Apartment
	ADU (Attached)	ADU (Detached)	Short-term Rental
	# of Units: _____		# of Occupants: _____
Owner or Owner's Representative	Name(s):		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
Local Agent or Management Company IF different than Owner	Name(s):		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	

*All new and converted properties will require a property inspection for licensing. Renewals will be inspected based on City code.

Applications must be submitted in person or mailed with payment and will NOT be accepted via email or fax.

Mail to: City of St. Francis, Community Development, 23340 Cree Street NW, St. Francis, MN 55070

License Registration Fee for New and Renewal			
Single Family – 1 Unit	Multi-Family Units 2+		
\$50.00 each	1 st Unit	\$50.00	Each Additional Unit: \$15.00
Late Fee Due 1/16:	\$50.00	Late Fee Due 3/16:	\$150.00
Conversion Fee:	\$100.00	Re-inspection Fee:	\$25/each unit
Total Fee: \$ _____			

Each license shall be good for the two (2) years following the odd/even schedule and expire on January 31st.

Applications are due no later than January 15th to avoid late fees. Your license will arrive by mail at the address listed above after any necessary inspections and Council approval

Acknowledgement of Responsibility: By signing, you acknowledge that you have reviewed City Code: Chapter 4, Section 6 as amended 8-19-2019 and agree to abide to the terms therein stated,

Applicant Name: _____

Signature: _____ Date: _____

IF THIS PROPERTY IS NOT BEING USED AS A RENTAL PROPERTY, PLEASE COMPLETE THE FOLLOWING AND ATTACH NECESSARY SUPPORTING DOCUMENTATION:

I hereby certify the above rental license application was sent to me as the owner of _____ (property address) in error. This dwelling is only being used as a single family owner-occupied structure. This property is not being rented in part or in whole.

The **attached documents** verify this certification. Attachment may include: Anoka County property record of homestead, tax statement or similar identify owner at property address. Utilities do not meet requirement. Without documentation, Certification will not be accepted.

Owner's Name: _____

Signature: _____ Date: _____

For Staff Use Only

Delinquent Tax	No	Yes, Amount \$ _____
Delinquent Utilities	No	Yes, Amount \$ _____
Document for Certify	No	Yes, Type: _____
Inspection	No	Yes, Date: _____