



**CITY OF INVER GROVE HEIGHTS  
RENTAL LICENSE APPLICATION**

**APPLICATION WITH PAYMENT CAN BE DROPPED OFF OR MAILED TO:**  
8150 BARBARA AVENUE, INVER GROVE HEIGHTS, MN 55077  
PHONE: 651-450-2491 E-MAIL: [NCOOK@INVERGROVEHEIGHTS.ORG](mailto:NCOOK@INVERGROVEHEIGHTS.ORG)

LICENSE TYPE: NEW  RENEWAL   
If this is a renewal and information from your previous application is unchanged, please check this box:   
You will still need to fill out the property information, but you will not need to fill out the application in full if the information on file is current and accurate.

Background checks will still need to be completed for both new and renewal licenses.

**CHECK THE PROPERTY TYPE**

APARTMENT BUILDING	DUPLEX	TOWNHOUSE	SINGLE-FAMILY HOME
TRIPLEX	FOURPLEX	CONDO	MANUFACTURED HOME

**CHECK THE DESIGNATED RENTAL PROPERTY REPRESENTATIVE. THE REPRESENTATIVE MUST BE LOCAL AND ABLE TO RESPOND IN THE EVENT OF AN EMERGENCY**

PROPERTY OWNER	PROPERTY MANAGER	BOTH
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**RENTAL PROPERTY INFORMATION**

RENTAL PROPERTY ADDRESS:
COMPLEX NAME (IF APPLICABLE):
TOTAL NUMBER OF BUILDINGS:
TOTAL NUMBER OF UNITS:

**CHECK THE PROPERTY OWNER TYPE**

INDIVIDUAL	PARTNERSHIP	CORPORATION
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\*Please complete the fields below. If the property is owned by a Partnership or Corporation, please select a primary contact from the Partnership or Corporation and complete the fields.

**PROPERTY OWNER INFORMATION**

NAME (FIRST, MIDDLE, LAST):
FULL ADDRESS:
PHONE:
E-MAIL ADDRESS:
DATE OF BIRTH:

**PROPERTY MANAGER INFORMATION**

\*If the property owner is the same as the property manager there is no need to complete this section.

NAME (FIRST, MIDDLE, LAST):
FULL ADDRESS:
PHONE:
E-MAIL ADDRESS:
DATE OF BIRTH:

Does the property owner hold a current business or rental license in this or any other city, county, or state? If YES, please state what kind of license and where:  
Has the property owner ever had a license in this or any other city, county, or state denied, revoked, or suspended? If YES, please state the kind of license and where:

**BACKGROUND CHECKS FOR KEYHOLDERS**

A Kari Koskinen background check must be completed by the BCA for all keyholders other than the tenants. Keyholders include property managers or on-site maintenance staff. Please click on the link below, fill out the form, and send the completed form and fee (\$8.00 for a self-check, \$15.00 for an employee check) to the BCA where your background check will be completed. Once you've received your results, please include a copy with your application.

Applications cannot be processed without the completion of the BCA Koskinen background check.

Please send your Koskinen Background Check to the BCA at:

BCA - CHA Unit  
1430 Maryland Avenue East  
St Paul, MN 55106

For general questions on background checks and fees, please contact the BCA at 651-793-2400 or visit their website: <https://dps.mn.gov/divisions/bca/Pages/background-checks.aspx>

**DATA PRIVACY ADVISORY**

PLEASE COMPLETE THE GENERAL AUTHORIZATION AND RELEASE AND CRIMINAL HISTORY BACKGROUND CHECK CONSENT FORM.

The data you furnish on this application will be used by the City of Inver Grove Heights to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Inver Grove Heights may be unable to process this application. Upon submission of this application, all information will be public information pursuant to Minnesota Statutes, Chapter 13.

I have no intention or agreement to transfer the license to another person, or to allow any other person or entity to operate under the authority of the license.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I will strictly comply with all the laws of the State of Minnesota and all ordinances and regulations of the City of Inver Grove Heights.

I hereby certify or declare under penalty of perjury under the laws of the State of Minnesota that I have read and understand every question in this application and that the answer to every question and in all supplemental documents submitted on behalf of this application are true and correct to the best of my knowledge, information and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to give required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury. All information given is subject to verification by the State of Minnesota.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

SIGNATURE:

DATE:

PRINTED NAME/TITLE:

**FEE INFORMATION**

<p>APARTMENT BUILDING, DUPLEX, TRIPLEX, FOURPLEX \$150 PER BUILDING \$15 PER UNIT \$25 ADMINISTRATION FEE</p>	<p>TOWNHOUSE, SINGLE-FAMILY HOME, CONDO, MANUFACTURED HOME \$50 PER UNIT \$25 ADMINISTRATION FEE</p>
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THANK YOU FOR YOUR APPLICATION. PLEASE ALLOW 4-6 WEEKS FOR APPLICATIONS TO BE REVIEWED. IF THE APPLICATION IS APPROVED, A LICENSE WILL BE ISSUED TO YOU BY MAIL. IF AN APPLICATION IS DENIED, YOU WILL BE NOTIFIED.