



# Residential Rental Property Registration

City of Long Lake  
450 Virginia Avenue, PO Box 606  
Long Lake, MN 55356  
Phone / 952.473.6961

## FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Certificate #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

- **There is no fee to complete this registration;** however, registration of residential rental properties is not optional. It is required by City Ordinance. Registration application may be completed by either the residential property owner or property manager. Applications may be mailed or delivered in person to the City of Long Lake at the address above. A Certificate of Residential Rental Registration will be issued by staff upon receipt of a fully completed application.

### Rental Property Information

Property Type:       Single Family Home       Duplex       Townhouse       Apartment  
 Other (PLEASE DESCRIBE) \_\_\_\_\_

Name of Complex (IF APPLICABLE) \_\_\_\_\_

Rental Address(es) \_\_\_\_\_

# of **1** Bedroom Units \_\_\_\_\_      # of **Other** Units (PLEASE DESCRIBE) \_\_\_\_\_

# of **2** Bedroom Units \_\_\_\_\_

# of **3** Bedroom Units \_\_\_\_\_      **TOTAL # OF UNITS** \_\_\_\_\_

### Property Owner(s)

Ownership Type:       Corporation       Partnership       Company       Individual  
 Other (PLEASE DESCRIBE) \_\_\_\_\_

Please List Owners (IF MORE THAN TWO, PLEASE ATTACH A LIST OF ALL OWNERS AND OFFICERS OF THE RENTAL DWELLING):

\_\_\_\_\_  
NAME / ADDRESS / CITY, STATE ZIP / PHONE NUMBER

\_\_\_\_\_  
NAME / ADDRESS / CITY, STATE ZIP / PHONE NUMBER

### Property Manager

\_\_\_\_\_  
NAME / ADDRESS / CITY, STATE ZIP / PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS (IF APPLICABLE)

### Main Contact Person

Main Contact Person Is:       Property Owner       Property Manager       Caretaker

\_\_\_\_\_  
NAME / ADDRESS / CITY, STATE ZIP / PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS (IF APPLICABLE)

**Additional Information**

Are criminal background checks completed on all rental tenants?     Yes         No

Are written leases executed for the residential rental property and all dwelling units therein?     Yes         No

Do all leases include a "Drug Free/Crime Free Lease Addendum"?     Yes         No

**Applicant Signature**

Applicant Is:         Property Owner         Property Manager

The undersigned hereby applies for a Certificate of Residential Rental Registration; and attests that the subject premises will be operated and maintained according to the requirements in accordance with State and local law, including the Long Lake City Code of Ordinances, subject to applicable sanctions and penalties. A new application for a revised Certificate of Residential Rental Registration must be submitted in the event of an address, ownership, or manager change for the subject premises.

**X Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_