



City of Falcon Heights

2077 W Larpenteur Ave., Falcon Heights MN 55113

Phone: 651-792-7600 | Fax: 651-792-7610

Email: mail@falconheights.org

For Office Use Only
License #:
Approval Date:
Amount Paid:
Receipt:
Inspection:

Multifamily Rental Dwelling License Application

License Fee:

5-19 units per building \$150 per year

20-49 units per building \$200 per year

50-99 units per building \$250 per year

100+ units per building \$300 per year

Property address	Property name/alias	Units in building	Fee
			\$
			\$
			\$
			\$
			\$

OWNER INFORMATION (Individual or Business Entity)		
Name (First, Middle, Last):		
Maiden Name (if applicable):		
Email (required):		
Mailing Address:		
City:	State:	Zip:
Cell Phone #:	Office Phone #:	Fax:

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ATTENTION: List any agents or manager appointed by the owner to accept service of process and to receive or give receipt for notices and any agent actively involved in on-site maintenance or management of said dwelling. **Agent and/or manager must live with the Seven County Metropolitan area and owner must conduct a background check by the police department (per City Code, chapter 105, article III, sec 105.89).**

PROPERTY MANAGER		
<input type="checkbox"/> Same as Page 1		
Name (First, Middle, Last):		
Maiden Name (if applicable):		
Email (required):		
Mailing Address:		
City:	State:	Zip:
Cell Phone #:	Office Phone #:	Fax:

FIRE INSPECTION CONTACT		
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Property Manager	
Name (First, Middle, Last):		
Maiden Name (if applicable):		
Email (required):		
Mailing Address:		
City:	State:	Zip:
Cell Phone #:	Office Phone #:	Fax:

Once approved, which address would you like your Multifamily License mailed to?

Applicant must comply with all provisions of City Code relating to rental housing (Article IV - Rental Housing). View the code here: <https://www.falconheights.org/government/city-code>.

Application Signature: _____ **Date:** _____