



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:

Rental Dwelling License Application

\$50.00 - License Fee PER RENTAL DWELLING (per home / duplex/ triplex; not per unit)

***Please submit one application per rental dwelling (one application per single-family home / per duplex/ per triplex; not per unit)**

LICENSE TYPE	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<p>Single Family Address:</p> <p>Or, state all addresses, if a duplex or triplex:</p>	
<p>If a duplex or triplex, please list # of units within dwelling</p>	

- If owner is a **Partnership** –information below should be provided for Managing Partner
- If owner is a **Corporation** –information below should be provided for Chief Operating Officer
- If dwelling is on **Contract for Deed** – information below should be provided for Contract Vendee

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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Updated: 9/28/2023

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 Single Family License mailed to?

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BELOW: Please check the appropriate category and fill in remaining items. City code prohibits more than four (4) unrelated adults living in a single dwelling unit. *Square footage estimates are acceptable.*

X	Rental Type	Additional information required
<input type="checkbox"/>	Single room(s) in owner-occupied residence	Square feet of home _____ Square feet rented _____ Number of bedrooms rented _____ Number of tenants* _____
<input type="checkbox"/>	Single family home	Square feet of home _____ Number of Bedrooms _____ Number of tenants* _____
<input type="checkbox"/>	Duplex or Triplex housing	Square feet in unit #1 _____ Number of bedrooms this unit _____ Number of tenants this unit* _____ Square feet in unit #2 _____ Number of bedrooms this unit _____ Number of tenants this unit* _____ Square feet in unit #3 _____(if applicable) Number of bedrooms this unit _____ Number of tenants this unit* _____

Applicant must comply with all provisions of City Code relating to rental housing (Article IV - Rental Housing, Sec. 105-86 to 105-101. View the code here: <https://www.falconheights.org/government/city-code>.

Application Signature: _____ **Date:** _____