

CITY OF SAINT PETER, MINNESOTA  
**APPLICATION FOR RENTAL CERTIFICATE**

Year of Registration: \_\_\_\_\_

Date of Application: \_\_\_\_\_

NOTE: A certificate will NOT be issued unless the application is filled out in its' entirety and the rental inspections have passed.

ADDRESS OF RENTAL UNIT: \_\_\_\_\_  
\_\_\_\_\_

CHECK ONE: New Application: \_\_\_\_\_ Transfer: \_\_\_\_\_ Renewal: \_\_\_\_\_

OWNER OCCUPIED UNIT: YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER OF RENTAL UNITS: \_\_\_\_\_ NUMBER OF TENANTS/UNIT: \_\_\_\_\_

NAME OF OWNER (Last, First, Middle): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF AGENT (Within 931/934 Phone Exchange): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY REFUSE HAULER: YES \_\_\_\_\_ NO \_\_\_\_\_ IF "NO", NAME PRIVATE REFUSE HAULER: \_\_\_\_\_

OFF-STREET PARKING: YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER OF SPACES: \_\_\_\_\_

SINGLE FAMILY HOME: \_\_\_\_\_ NUMBER OF BEDROOMS: \_\_\_\_\_

BOARDING HOUSE: \_\_\_\_\_ NUMBER OF BEDROOMS: \_\_\_\_\_

APARTMENT/DUPLEX: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_ (1 bdrm. \_\_\_ 2 bdrm. \_\_\_ 3 bdrm. \_\_\_)

TRIPLEX OR MORE THAN ONE UNIT \_\_\_\_\_ NUMBER OF HANDICAPPED UNITS: \_\_\_\_\_ (1 bdrm. \_\_\_ 2 bdrm. \_\_\_ 3 bdrm. \_\_\_)

NUMBER OF STORIES \_\_\_\_\_ ELEVATORS: YES \_\_\_\_\_ NO \_\_\_\_\_

AREA COVERED BY FIRE PREVENTION SPRINKLER SYSTEM YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby certify that all information contained herein is true and accurate. I understand that payment made with this application has been accepted for the purpose of applying for a rental certificate and that such acceptance does not constitute an automatic granting of a rental certificate. I also understand that the application fee will not be refunded if a rental certificate is denied due to the failure of the property to comply with the zoning ordinance or property maintenance standards.

I hereby grant permission to the City of Saint Peter to make inspections of the structure listed herein to determine its compliance with City Housing, Health and Life Safety Codes. I agree to maintain the premises to standards which are set forth by the City of Saint Peter.

I understand that my failure to comply with these requirements will result in a monetary fine or revocation of the certificate.

I hereby certify that the agent listed herein is authorized to receive summons and complaints on behalf of the owner. The owner and/or agent agrees to promptly notify the City of any change in agent or transfer of ownership. A signed statement by the owner designating the agent is attached.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date Paid \_\_\_\_\_

Receipt & Check Number \_\_\_\_\_

Fee \_\_\_\_\_

Received by \_\_\_\_\_

Permit # \_\_\_\_\_