



# City of New Hope Community Development

4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5110 • Fax: 763-531-5136 • ci.new-hope.mn.us

## Rental Registration Application (3+ units)

### Rental Property

Complex Name \_\_\_\_\_  
 Address(es) \_\_\_\_\_  
 \_\_\_\_\_  
 PID \_\_\_\_\_  
 Number of 1 Bedroom Units \_\_\_\_\_ Other Units (describe) \_\_\_\_\_  
 Number of 2 Bedroom Units \_\_\_\_\_  
 Number of 3 Bedroom Units \_\_\_\_\_ Total Number of Units \_\_\_\_\_

License # \_\_\_\_\_

Received Application \_\_\_\_\_

Received Payment \_\_\_\_\_

*For Office Use*

### Owner *Social Security Number, Federal Tax or MN Business Tax ID required*

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Federal Tax ID \_\_\_\_\_ MN Business Tax ID \_\_\_\_\_  
 Partnership  Corporation  Company  Other \_\_\_\_\_

### Additional Owner(s) *List all owners and officers of rental property*

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

### On-Site Property Manager *If different from owner*

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Main Contact

Owner  Property Manager  Other \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Type of License

<input type="checkbox"/> <b>Multifamily with Best Practices Program</b> I am paying the Best Practices registration fee, submitting a completed Best Practices application, and agree to adhere to all program requirements	Base Fee	_____	per building	_____
	Per Unit Fee	_____	x _____ buildings	_____
<input type="checkbox"/> <b>Multifamily</b> I am not applying for the Best Practices program and am paying the standard multifamily fee	Base Fee	_____	per building x	_____
	Per Unit Fee	_____	_____ buildings	_____
	Per Unit Fee	_____	per unit x	_____
		_____	units	_____

### Fee Schedule

Payment Submitted by \_\_\_\_\_

(9001.4531) Fees Due Upon Application

### Notice to Owner *Completed by one owner*

The undersigned hereby applies for a rental registration permit and acknowledges receipt of requirements excepted to perform as described in the City Ordinance Code book; and attests the subject premises will be operated and maintained according to the requirements contained therein, subject to applicable sanctions and penalties. The undersigned further agrees the subject premises may be inspected by the compliance official.

➡ Owner Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

### Notice to On-Site Property Manager

In cases where the owner of a rental dwelling does not reside in either Hennepin, Ramsey, Anoka, Carver, Dakota, Scott, or Washington County, the registration shall be made by an operator who shall be legally responsible for compliance with this and all other applicable ordinances and such operator shall reside within one of the aforementioned counties.

➡ Property Manager Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

### Payment *Make checks payable to City of New Hope or complete information below*

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Credit Card Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_