



CITY OF WINONA
207 Lafayette Street, PO Box 378
Phone: 507-457-8231 Fax: 507-457-8212
Applications can be mailed, faxed or emailed to:
ksteinfeldt@winonamn.gov

Rental License Transfer Application

Rental Property Address:

Type of Property:

Single Family Owner Occupied Duplex Duplex Multi-Dwelling: specify # of units: _____

Owner Information:

Name(s): _____

Address: _____

Home/Cell Phone: _____ Alternate Phone: _____

Email Address: (If applicable) _____

Manager Information: (If applicable)

Name(s): _____

Address: _____

Home/Cell Phone: _____ Alternate Phone: _____

Email Address: (If applicable) _____

I hereby acknowledge that I have completed this application and state that the information contained therein is correct:

Owner/Manager Name: _____ Date: _____

***NOTICE: The information provided in this application is of public record.**

We are unable to transfer a rental license without this completed application.