



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](mailto: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.**