



## RENTAL LICENSE APPLICATION

### CITY OF WINONA

207 Lafayette Street, PO Box 378

Ph: 507-457-8231 Fax: 507-457-8212

Applications can be mailed, faxed or emailed to:

[ksteinfeldt@winonamn.gov](mailto:ksteinfeldt@winonamn.gov) or click on the submit button below.

PLEASE PRINT CLEARLY AND BE SPECIFIC – ATTACH ADDITIONAL SHEETS, IF NEEDED.  
APPLICATION NEEDS TO BE RECEIVED PRIOR TO RENTAL INSPECTION.

#### DESIGNATE ONE OF THE FOLLOWING:

\_\_\_\_ NEW RENTAL \_\_\_\_ EXISTING RENTAL

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

ANTICIPATED DATE THAT THE PROPERTY WILL BE RENTED: \_\_\_\_\_

NO. OF APARTMENT UNITS: \_\_\_\_ NO. OF UNITS RENTED: \_\_\_\_ NO. OF UNITS OCCUPIED BY OWNER: \_\_\_\_

**PROPERTY OWNER INFORMATION:** List ALL property owners' names and addresses as they appear on the County property tax statement (owning partners if a partnership, corporate officers if a corporation). List ALL property owners' phone numbers including area code.

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S DAYTIME PHONE W/AREA CODE: \_\_\_\_\_

OWNER'S ALTERNATE PHONE W/AREA CODE: \_\_\_\_\_

OWNER'S EMAIL (IF APPLICABLE): \_\_\_\_\_

#### **ADDITIONAL PROPERTY OWNERS' INFORMATION** (if applicable-see back of form-to list additional):

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S DAYTIME PHONE W/AREA CODE: \_\_\_\_\_

OWNER'S ALTERNATE PHONE W/AREA CODE: \_\_\_\_\_

#### **PROPERTY MANAGER INFORMATION** (if applicable):

AGENT NAME (PRINT): \_\_\_\_\_

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

DAYTIME PHONE W/Area Code: \_\_\_\_\_ ALTERNATE PHONE W/Area Code: \_\_\_\_\_

I/We hereby understand and agree that this rental license will not be issued with unpaid utilities or prior years taxes owed. I/We hereby certify that the real estate taxes, assessments and City service charges are not delinquent or unpaid for the current and past periods and hereby agree to keep all taxes, assessments and City service charges current.

I/We hereby understand and agree to permit access and allow for the inspections and/or re-inspections of the building(s) and premises under my/our control, as required for licensure in Winona City Code.

I/We hereby understand and agree by enacting and undertaking to enforce the rental licensing procedure that neither the City, its Council, or agent of employees can warrant or guarantee the safety, fitness, or suitability of any dwelling in the City. Owners or occupants should take whatever steps they deem appropriate to protect their interests, health, safety, and welfare.

I/We hereby understand and agree that the information supplied in this application is freely given and is true and accurate in all respects, to the best of my/our knowledge.

I/We hereby make application for a rental license for the following: \_\_\_\_\_ Winona, MN 55987.

Owner or Agent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by City: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL PROPERTY OWNERS' INFORMATION:**

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OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S DAYTIME PHONE W/AREA CODE: \_\_\_\_\_

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