



200 Civic Heights Circle  
Circle Pines, MN 55014  
763-784-5898

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# Rental Housing License Application

**FEE: \$100 per unit**

<b>Office Use</b>
Paid _____ Date _____
Staff Initials _____

Prior to the rental inspection, it is required that each tenant of a unit give consent to conduct the rental inspection. Once the application is completed and the rental fee is paid, please schedule your rental inspection with Dave Bruder at 651-792-7902 or email [david.bruder@centennialfire.org](mailto:david.bruder@centennialfire.org).

Rental Location: _____
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Owner Name(s): _____
Address: _____
City, State, Zip: _____
Phone: _____ Email Address: _____

Owner Agent(s): _____
Address: _____
City, State, Zip: _____
Phone: _____ Email Address: _____

Does the Owner/Agent wish to be present during the inspection: Yes \_\_\_\_\_ No \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If no violations are found during the initial inspections, licensing of the unit(s) will expire in four (4) years. If violations are found during the initial inspection, licensing of the units(s) will expire in two (2) years. Violations will need to be corrected before a license is issued.

I, _____ hereby authorize inspection of my rental property.
Renter Signature: _____ Date: _____

I, _____ hereby authorize inspection of my rental property.
Renter Signature: _____ Date: _____

Additional tenants for this unit must sign on back side of this form.