

205 Main St. E.,
P.O. Box 179
Rice, Minnesota 56367
320-393-2280 phone 320-393-3180 fax
clerk@cityofrice.com

AllSpec Services, LLC
Building inspector, Nancy Scott
14562 Ronneby Road NE,
Foley, MN 56329
320-293-5298 phone 320-387-2703 fax

Rental License Application

Government data practices act-Tennessee warning: The date you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The date will constitute a public record if and when the license is granted.

Rental Property Location:

Address: _____

Reason for application: New rental (existing structure) New rental (new structure) Existing rental owner (Bi-Annual Inspection)

Owner Information:

Owner's Name: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone No. 1: _____ Phone No. 2: _____

Email Address: _____

Property Manager/Agent Information:

Property Manager's Name: _____

Mailing Address: _____
Street City State Zip

Phone No. 1: _____ Phone No. 2: _____

Email Address: _____

Proposed date for start of rental license: _____ Currently Occupied Vacant

Number of Rental Units _____

Number of Bedroom units:(circle one) 1 2 3 4 5 6+

If this is a Care facility and is licensed by the State of Minnesota, you will need to provide the City of Rice with a copy of your state license and you will be exempted from the fees.

Enclose a check for the minimum inspection fee of **\$100.00** for residential or a check of **\$50.00 per unit** for apartments/multi family dwellings made payable to the City of Rice. This check will be held until inspection has been approved or denied and licensure has been granted or withdrawn.

I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to licensing. I understand that the above information is true and correct and that I have a rental property at the above stated address. Written notice must be given to the City of Rice within five (5) business days following any changes to the information stated above (owner status, property sold, etc).

Signature _____ Date _____

Printed Name _____

Relationship of applicant to property (Check all that apply): Owner Property Manager Other

Office Use Only

Date _____ Receipt # _____ Amount received \$ _____ Received by _____

Type: _____ #Bedrooms _____ Area: _____ Parcel # _____

Date Owner/agent contacted: _____ Initial Inspection date: _____ Final inspection date: _____

License mailed out: _____