

City of Hoyt Lakes 206 Kennedy Memorial Drive Hoyt Lakes, MN 55750 218-225-2344 info@hoytlakes.com

## **Rental Property Registration Application**

Application must be completed in its entirety to be considered. One application must be completed for each structure. Registration fees are payable to the City of Hoyt Lakes.

Owner Information:		
Name:	Phone No.:	
Address:		
Manager Information:		
Name:	Phone No.:	
Address:		
Rental Property Information  Address:		
Parcel No.:	UB Account No.	÷
Number of Rental Units:	x \$50.00 =	
Owner Occupied Units:	x \$0.00 = \$0.00	
Number of:		
1 Bedroom Units:	2 Bedroom Units:	3 Bedroom Units:
4+ Bedroom Units:	Mobile Homes in Pa	rk:

If this is a care facility and is licensed by the State of Minnesota, please provide a copy of your state license to be exempted from the above listed fees.

I certify the above information is true and correct and I have rental property at the above address. Written notice must be provided to the City within five (5) business days following any changes to the information stated above. I acknowledge the provisions of the rental registration program have been reviewed and attest the property at the above address will be operated and maintained according to the requirements of the program, subject to applicable sanctions and penalties. I affirm I am aware of and will comply with all Federal, State, and Local requirements with respect to providing rental property. I agree to allow inspection of my property upon request of the City. I authorize the City of Hoyt Lakes to investigate any or all statements or facts contained herein; acknowledging that the misrepresentation or the omission of facts called for will be just course for the disqualification or repeal of this registration.

Signature:				Date:	
Ow	ner				
Office U	se:				
Registra	Ise: tion No.:		Registration mailed on: _		
Inspection	on Required: Yes	No	if yes, passed on:		
Denial:					