



CITY OF FAIRMONT – 100 Downtown Plaza – Fairmont, MN 56031  
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Phone (507)238-9461

Fax (507)238-9469

## Residential Rental Unit Registration Application

Address of Property Being Registered: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Local Agent Information (if any) Lives within 50 miles of Fairmont.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence concerning the registered properties should be sent to:  Owner  Agent

### Property Type

Apartment Building:

No. of Efficiency Units: \_\_\_\_\_

No. of Three Bedroom Units: \_\_\_\_\_

No. of Single Bedroom Units: \_\_\_\_\_

Other Units: \_\_\_\_\_

No. of Two Bedroom Units: \_\_\_\_\_

Attached Single Family Home:

Unit: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Unit: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Unit: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Unit: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Unit: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Unit: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Detached Single Family Home:

No. of Bedrooms: \_\_\_\_\_

### Proof of fire and liability insurance must be submitted with the application.

I/We hereby understand and agree that this rental license will not be issued with unpaid utilities in the Owner's name or prior years taxes owed. I/We hereby certify that the real estate taxes, assessments, and City service charges incurred by the Owner 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 reinspections of the building(s) and premises under my/our control, as required by Fairmont City Code.

C I T Y O F L A K E S

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.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Agent/Manager (if applicable)

\_\_\_\_\_  
Date

\*\*\*\*\*

**Office Use Only:**

Registration Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Inspection Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Inspector Assigned: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

**Registration Fee:**

\$5/unit with a maximum of \$100 per rental complex

**Inspection Fee:**

A single building with 1-4 rental housing units-----\$40/unit

A single building with 5-14 rental housing units -----\$30/unit

A single building with 15 or more rental housing units -----\$20/unit

Any unit requiring a reinspection -----\$20/unit