



PELICAN RAPIDS

# 2027 APPLICATION FOR RENTAL HOUSING REGISTRATION

ONE APPLICATION PER RENTAL HOUSING PROPERTY

(Please print or type and answer all questions)

1. Physical Address of Rental Property: \_\_\_\_\_

2. Full Legal Name, Mailing Address, Phone Number, Driver's License Number, and Date of Birth of each owner/partner/corporate officer for the rental property:

Names: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

3. Name, Address, and Phone Number of manager for above rental property (if different than #1):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

4. Name and Phone Number of designated agent in **Otter Tail County** (if #1 or #2 do not live in OTC):

Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

5. Name and Phone Number of a tenant to contact residing at the address.

Names: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Total Number of dwelling units at the above-listed rental property: \_\_\_\_\_

7. Is the property on a private well and/or septic? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, an annual water sample test of the entire water system is required. The Annual Fee is \$100.00.

A. This sample needs to be taken from an interior metal faucet and not from the well.

B. If two (2) or more residences are served by one (1) well, a water sample test is required from each residence.

C. These water sample tests need to be collected by City of Pelican Rapids personnel and not by the property owner.

**Notice to Applicants:**

- A. Any license for a particular property shall be transferable to another person, provided that the person holding the operating license must give notice in writing to the City within fifteen (15) working days after having transferred or otherwise disposed of the legal control of the licensed rental housing unit. Such notice shall include the name, address, and telephone number of the person or persons succeeding to the ownership or control of such rental housing unit. Failure to provide proper notice of a property transfer, together with the appropriate transfer fee, will cause the license to expire, requiring the property to be re-registered and a full registration fee to be charged.
- B. To allow time for inspection prior to renewal, the deadline for license renewal applications shall be May 31 of the year in which the license expires. Renewal of licenses will not occur unless the renewal fee (\$20.00) has been paid and the property has been inspected and found to be in compliance by the enforcement officer.
- C. All appointments must be cancelled with a 24-hour notice to the City of Pelican Rapids. In any event, this is not done; all no-show scheduled inspections will be charged at a rate of \$120.00 per unit.

Here is the link to the **Rental Housing Ordinance:** [https://cdn.townweb.com/pelicanrapids.com/wp-content/uploads/2023/08/Chapter\\_10.pdf](https://cdn.townweb.com/pelicanrapids.com/wp-content/uploads/2023/08/Chapter_10.pdf)

Here is the link for the **Minnesota Attorney General’s Landlord-Tenant Guide:** <https://www.ag.state.mn.us/brochures/publandlordtenants.pdf>

“Landlords and Tenants: Rights and Responsibilities,” published by the Minnesota Attorney General’s Office, is available in alternative formats by calling (651) 296-3353 (Twin Cities calling area), (800) 657-3787 (outside the Twin Cities), or through the Minnesota Relay Service at (800) 627-3529.

**Application**

I am applying for a rental housing license in Pelican Rapids, MN. I promise to operate and maintain the property according to the city's rental housing ordinance. I understand that I may face penalties if I do not comply. I agree that city officials can inspect the property as required by the Rental Housing Ordinance. I certify that all information in this application is true. I allow the city to verify this information, and I understand that any false statements or missing information may lead to the loss of my rental license. Please note that there will be extra fees for inspections that fail the initial inspection.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FEES**

WELL TEST FEE PER PROPERTY (if applicable) = \$100.00  
INITIAL INSPECTION FEE PER UNIT (if applicable) = \$70.00  
APPLICATION FEE PER PROPERTY = \$20.00

TOTAL AMOUNT DUE: = \_\_\_\_\_

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**TO BE COMPLETED BY THE CITY OF PELICAN RAPIDS**

TIME /DATE OF APPOINTMENT \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_