



200 Civic Heights Circle
Circle Pines, MN 55014
763-784-5898
cityhall@circlepinesmn.gov

Rental Housing License Application

Office Use	
Paid\$ _____	Date _____
Late Fee\$ _____	
Staff Initials _____	

Fee: \$100 per unit
\$50 late fee will be imposed for not completing application and inspection within 30 days. Additional \$50 if not completed within 60 days.

Prior to the rental inspection, it is required that each tenant of the 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 Matthias Gosch at 763-639-6117 or email mgosch@sbmfire.org.

Rental Location: _____

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

Owner Agent(s) Name _____
Agent Company Name: _____
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 unit(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: _____

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