

City of Waseca, Minnesota Rental License Application

Property Owner:				
First Name:	M.I.:	Last Name:		
Date of Birth:	Maiden Name/Ala	as:		
	City:			
Phone:	Cell: Email			Fax#:
Rental Property Addres	ss			
Address:		Nı	umber of Units:	
Address:		Nι	umber of Units:	
Address:		Nı	imber of Units:	
Address:		Nı	ımber of Units:	
On-Site Manager/Care-	Taker			
First Name:	M.I.:	Last Name:		
Date of Birth:	Maiden N	ame/ Alias:		
Address:	C	ity: Sta	ate/Zip:	
Phone:	Cell:	En	nail:	
	Home License Fee would be \$00 per unit (if initial inspection	n is not passed) Ti		
Total amount due:	T	his License is good for 3	years: 20 _	thru 20
I certify all the information scheduling of inspections of	provided above is true and acc f the subject dwelling units.	urate in all respects and i	understand I n	nust cooperate in the
Signature of Applicant		rate		-
of Waseca does not make an	Temporary certificate unde ny guarantee or warranty as to nspection, in certification of co	the condition of the build	ing's inspection	, nor does the City
	Intern	al Use Only		
□ Cash		Accounts Receivable Signature:		
☐ Check #		Receipt #		
□ Visa/Mastercard	 	Date:		