

City of Owatonna

Rental Property License Application

Applicant Information

Owner Name (s):		
Phone: (Work)	Phone: (Cell)	Phone: (Home)
Owner Address:		
City:	State:	ZIP:
E-mail:		

Property Information

Property Address:	Number of Units:	
Provide the following information ONLY if the property has 5 or more units:		
Name of Property:		
Fire Alarm? Circle One (Yes) (No)	Lock Box: Circle One (Yes) (No)	Is the building sprinkled? Circle One (Yes) (No)
Alarm Panel Location:	Lock Box Location:	Sprinkler System Location:

Emergency Contact / Agent Information

If you live more than 30 miles from Owatonna you must designate a local agent.

Agent:		
Phone: (Work)	Phone: (Cell)	
Address:		
City:	State:	ZIP:
E-mail:		

Office Use Only

Date of Application:		Inspection fee:	
Date of Inspection:		License:	
Date of License:		Total:	

Signature of Applicant:	Date:
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