



CITY OF BEMIDJI RENTAL REGISTRATION & LICENSE APPLICATION

NEW UPDATE TRANSFER

All applicable lines must be completed. Failure to provide information may result in rejection of the application, the need to reapply and/or the assessment of late fees. A separate application is required for each structure (building).

PLEASE PRINT OR TYPE _____ Date _____

1. **Property Address:** _____

2. **Owner:** _____

Address: _____
City State Zip

E-mail Address: _____

Cell Phone: _____ Home Phone: _____

** No Rental License shall be issued or renewed for a non-resident owner of a rental property unless such owner designates, in writing to the City, the name of his/her agent or non-resident agent located within 1 hour of the City of Bemidji, who receives and handles tenant inquiries, complaints, and who is to be reached in case of an EMERGENCY, and is responsible for maintenance and upkeep and who is legally constituted and empowered to receive service of notice of violation and orders of compliance and to accept all service of process pursuant to law. It is required that the City shall be notified in writing of any changes of resident or non-resident agents.*

3. **Agent / Property Manager:** _____

Address: _____
City State Zip

E-mail Address: _____

Cell Phone: _____ Home Phone: _____

4. **Notice to applicants:**

- A. The City Building Department must be notified in writing within seventy-two (72) hours after having transferred or otherwise disposed of a rental unit. The new owner or resident agent shall have ten (10) business days to re-register the unit(s) after acquisition.
- B. A copy of the Property Maintenance Code (Housing Regulations) is available for review or purchase in the City Building Office or online at www.ci.bemidji.mn.us.

5. **Type of structure:** One Family Two Family Multiple Family Mobile Home

Total Units in Structure (Multi-Family): _____ **Number of bedrooms:** _____

Are any rental units located in the basement? Yes No **Owner-occupied rental?** Yes No

OPERATION OF A RENTAL UNIT WITHOUT A LICENSE OR FAILING TO COMPLY WITH THE RENTAL ORDINANCE IS A VIOLATION OF BEMIDJI CITY CODE AND SUBJECT TO ADMINISTRATIVE AND/OR CRIMINAL FINES

(Continued on other side)

6. Rental License fees will be billed annually:

1 unit residential	\$100.00/annual
Duplex residential (2 units)	\$150.00/annual
Multi-Unit Residential Buildings:	
3-6 units	\$200.00 per bldg/annual
7-10 units	\$300.00 per bldg/annual
11-12 units	\$360.00 per bldg/annual
13-24 units	\$500.00 per bldg/annual
25 units & up	\$700.00 per bldg/annual

7. Other related fees will be charged when incurred:

First Time Rental License Fee:	
1 Unit.....	\$550.00/each
2 Units.....	\$600.00/each
3-6 Units.....	\$650.00/each
7-10 Units.....	\$750.00/each
11-12 Units.....	\$810.00/each
13-24 Units.....	\$950.00/each
25 Units and up	\$1150.00/each
Failure to Designate a *Local Manager; <i>Per Unit, Per Month</i>	\$100.00/each
Failure to Transfer Ownership Within 10 Business Days	\$50.00/each
Failure to Transfer Ownership After 30 Days; <i>Per Unit, Per Month</i>	\$100.00/each
Re-inspection fee for 3 rd and each additional inspection required for compliance	\$100.00/each
Operating without a License Penalty; <i>Per Unit, Per Month</i>	\$300.00/each
Complaint-based inspection (with validated violation)	\$100.00/each
Reinstatement Fee of Suspended Rental License	\$500.00/each
Appeal (rate applies to each structure involved in the appeal)	\$200.00/each
Transfer of Ownership	\$25.00/per license
Late Annual Rental Permit Renewal	Permit Fee (see #6) x 2

8. I, the undersigned, have read the above requirements and agree to license inspections, at all reasonable times, to the City and its appointed Inspectors, and do hereby agree to maintain the listed rental property according to all Ordinances and City Code (Chapter 10, Article II, Section10).

Signature: _____ Date: _____
(Owner / Agent / Manager)

9. Return application to: Rental Inspector, City of Bemidji, 317 4th Street NW, Bemidji, MN 56601
If you have any questions, please call (218) 759-3585 or (218) 239-0103

OFFICE USE ONLY	
Parcel Number # 80.0	Tax info in file? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of off-street parking spaces provided: _____	Total # of occupants allowed _____
Fee: <input type="checkbox"/> New <input type="checkbox"/> Complaint <input type="checkbox"/> Transfer <input type="checkbox"/> Other	Amount: \$ _____ Date paid: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check# _____	Building Staff Receiving Payment: _____