



EDINA HEALTH DIVISION
4801 WEST 50TH STREET
EDINA, MINNESOTA 55424-1394
952-826-0370

Health Division: _____
Payment/Date: _____
Issue Date: _____
OFFICE USE ONLY

APPLICATION FOR RESIDENTIAL RENTAL LICENSE

Legal Address for Rental Dwelling(s): _____

Owner/Partner/Corporate Officer (Correspondence will be sent to this contact person)

Name: _____

Address: _____

Phone : _____ Email: _____

Alternate Phone: _____

Driver's License Number OR State Identification Number OR Date of Birth:

Property Manager or Management Company (if applicable)**

**Not the association, unless they also manage the licensing.

Name: _____

Address: _____

Phone : _____ Email: _____

Alternate Phone: _____

Driver's License Number OR State Identification Number OR Date of Birth:

** Property owners who do not live within a 50-mile radius of the property must name an operator/manager living within 50 miles of the dwelling.

SEE PAGE 2 FOR FEE CALCULATIONS AND REQUIRED SIGNATURES

Type of Rental Dwelling Unit:

Single Family Unit: \$180 per dwelling
(Condo & Townhome Units included)

Multi-Family Building:
Number of Buildings: _____

Duplex: \$360

Number of Rented Units: _____

FEE CALCULATION FOR MULT-FAMILY **ONLY** — \$180 Base Fee

Multi-Family = Base Fee + \$17/unit: _____ Units x \$17 + \$180 = _____ Total Annual License Fee

** Check payable to : City of Edina

Notice to Applicants:

The City of Edina has implemented Ordinance No. 2019-06 and adopted the 2015 International Property Maintenance Code (IPMC) for licensing and inspecting rental properties. City Code Chapter 23, Article VI, including the adoption of the IPMC, is available at www.edinamn.gov. (Search for City Code)

The 2015 International Property Maintenance Code is viewable at the web address below:

<https://codes.iccsafe.org/content/document/1290>

THE MINNESOTA DATA PRACTICES ACT

The information you provide on this form will be used to consider your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public.

I have read and understand the data advisory

I hereby certify all the information given is complete and accurate.

Signature of Owner, Operator, or Manager

Date