

**City of Calumet**  
**Application for Rental Registration**  
**PO Box 375**  
**Calumet, MN 55716**  
**(218)247-7542**

1. Address of Rental Property:
2. Parcel Number of Property:
3. List the complete name, address, and phone number of each owner/partner/corporate officer of the above listed rental property:
  
4. List the complete name, address, and phone number of the caretaker, manager for the above listed property: (please note: If the owner lives outside a 25 mile radius of City of Calumet, there must be a designated property manager/caretaker locally to contact in case of an emergency, etc.)
  
5. How many apartments with separate cooking facilities are in this building?
6. Type of dwelling: (circle one)    Single family    Two family    Multi family
7. How many rooms in this building are sleeping rooms only? (A sleeping room is rented as a single room with no cooking facilities.) \_\_\_\_\_
8. How many basement apartments are in this building? \_\_\_\_\_
9. How many basement sleeping rooms are in this building? (A sleeping room is rented as a single room with no cooking facilities.) \_\_\_\_\_
10. Will the owner of the building be living in one of the rental units?    \_\_\_ YES    \_\_\_ NO
11. Is off street parking provided?    \_\_\_ YES    \_\_\_ NO

**Notice to Applicants:**

**The City of Calumet shall be notified within five (5) business days of any transfer of legal control of property, such as a contract for deed, lease to buy or sale of property, etc. The City of Calumet shall also be notified if caretaker of manger of the property changes. Failure to register the rental property within thirty (30) days after the due date may result in the City of Calumet taking action against you.**

**A rental registration certificate will be mailed to you, please keep this certificate in a safe place.**

The undersigned hereby applies for a rental dwelling registration as required by City Code and attests that the subject premises will be operated and maintained according to the City's requirements for rental property and understands that they are subject to applicable sanctions and penalties if found in noncompliance. The undersigned further agrees that the subject premises may be inspected by the City's Building Inspector as provided in the Calumet Rental Housing and Licensing Ordinance, Section 11(B). The applicant further certifies that the statements and facts in this application are true and authorizes the City of Calumet to investigate any or all statements or facts contained herein and acknowledges that any misrepresentation or the omission of material facts will be just cause for the revocation/suspension of any license issued.

FEIN # or Social Security # \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_