



City of New Hope Community Development

4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5110 • Fax: 763-531-5136 • newhopemn.gov

Rental Registration Application (3+ units)

Rental Property

Complex Name _____
 Address(es) _____

 PID _____
 Number of 1 Bedroom Units _____ Other Units (describe) _____
 Number of 2 Bedroom Units _____
 Number of 3 Bedroom Units _____ Total Number of Units _____

License # _____

Received Application _____

Received Payment _____

For Office Use

Owner *Social Security Number, Federal Tax or MN Business Tax ID required*

Name _____
 Company _____
 Address _____

 Phone _____ Cell _____
 E-mail _____ Social Security Number _____
 Federal Tax ID _____ MN Business Tax ID _____
 Partnership Corporation Company Other _____

Additional Owner(s) *List all owners and officers of rental property*

Name _____
 Company _____
 Address _____

 Phone _____ Cell _____
 E-mail _____

On-Site Property Manager *If different from owner*

Name _____
 Company _____
 Address _____

 Phone _____ Cell _____

Main Contact

Owner Property Manager Other _____
 Company _____
 Address _____

 Phone _____ Cell _____

Type of License

<input type="checkbox"/> Multifamily with Best Practices Program I am paying the Best Practices registration fee, submitting a completed Best Practices application, and agree to adhere to all program requirements	Base Fee	_____	per building	_____
	Per Unit Fee	_____	x _____ buildings	_____
<input type="checkbox"/> Multifamily I am not applying for the Best Practices program and am paying the standard multifamily fee	Base Fee	_____	per building x	_____
	Per Unit Fee	_____	_____ buildings	_____
			per unit x	_____
			_____ units	_____

Fee Schedule

Payment Submitted by _____

(9001.4531) Fees Due Upon Application

Notice to Owner *Completed by one owner*

The undersigned hereby applies for a rental registration permit and acknowledges receipt of requirements excepted to perform as described in the City Ordinance Code book; and attests the subject premises will be operated and maintained according to the requirements contained therein, subject to applicable sanctions and penalties. The undersigned further agrees the subject premises may be inspected by the compliance official.

➡ Owner Signature _____ Date of Application _____

Notice to On-Site Property Manager

In cases where the owner of a rental dwelling does not reside in either Hennepin, Ramsey, Anoka, Carver, Dakota, Scott, or Washington County, the registration shall be made by an operator who shall be legally responsible for compliance with this and all other applicable ordinances and such operator shall reside within one of the aforementioned counties.

➡ Property Manager Signature _____ Date of Application _____

Payment *Make checks payable to City of New Hope or complete information below*

Name (print) _____ Signature _____
 Billing Address _____
 Credit Card Account Number _____ Expiration Date _____