

License Type: ___New ___Renewal

Application Date: _____

RENTAL PROPERTY DETAILS		SEND EMAIL NOTIFICATIONS TO:		
<input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Apartment Building				
Property is owned by: <input type="checkbox"/> Individual(s) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Property Classification is: <input type="checkbox"/> Full-Homestead <input type="checkbox"/> Non-Homestead If Full-Homestead, removal request sent to Dakota County. <input type="checkbox"/> YES		
Property owner(s) have key access to rental: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, a BCA background & city authorization must be submitted.		Property Manager(s) have key access to rental: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, a BCA background & city authorization must be submitted.		
Rental Property Address:	Unit No.:	Zip Code:	Number of Buildings:	Number of Units:

PROPERTY OWNER INFORMATION		OWNER MUST PROVIDE HOME ADDRESS OTHER THAN RENTAL ADDRESS		
Owner / Business Name: (must match Dakota County)	If a business, provide contact name:	Contact Email:	Contact Phone:	
Owner / Business Address (other than rental address):	City:	State:	Zip Code:	
24-Hour Emergency Phone:	Additional Phone:	Email:		

PROPERTY OWNER CERTIFICATIONS (Check All That Apply)
<input type="checkbox"/> Background Check Compliance I certify that all required Kari Koskinen background checks and authorization forms for owners and managers with key access are submitted and dated within 12 months , as required under City Code § 4-13 and Minn. Stat. §§ 299C.67-299C.71.
<input type="checkbox"/> Rental License Compliance I certify that: <ul style="list-style-type: none"> • I have no past due City utilities, property taxes, or assessments; • I have not had a rental license denied, revoked, or suspended within the past five years; • I have had no City Code violations or excessive consumption notices within the past five years; • I will notify the City within 72 hours of changes to owner/manager contact or access information.
<input type="checkbox"/> Ordinance Compliance I certify that I will: <ul style="list-style-type: none"> • Maintain a Crime-Free/Drug-Free Lease Addendum and provide it upon request; • Not transfer this license to another person; • Comply with all requirements under IGH Code § 4-13 and Minnesota law.

REQUIREMENTS
Documents and Online Application Steps
To complete this license application, the following must be submitted through the City's online portal . Submit the required documents and pay for the license. If new to the portal, registration is required before use.
<ol style="list-style-type: none"> 1. Completed Rental Housing License Form (all pages). 2. Background Checks (12-Month Rule):

- **Managers with key access:** Kari Koskinen Background Check Report (dated within 12 months).
 - **Owners with key access:** Kari Koskinen Background Check Report (dated within 12 months).
 - For more information on how to obtain a background check, visit [Minnesota Bureau of Criminal Apprehension](https://www.mn.gov/Minneapolis-Criminal-Apprehension).
3. **Authorization/Release Forms** for all persons subject to a background check.
 4. **Tennessee Warning & Consent** for all persons named on the Rental Housing License Form.
 5. **Government-Issued ID (color copy)** for each applicant subject to Kari Koskinen Check.
 6. **Crime-Free/Drug-Free Lease Addendum** (kept on file; provided to city upon request).
 7. **Payment of licensing fee** via the City portal.

Important Notes

- Owners **without key access** are **not** required to submit a background check.
- All data must be complete, accurate, and current.
- Providing false or incomplete information may result in license denial or revocation.

PROPERTY OWNER TENNESSEN WARNING & CONSENT

MINNESOTA GOVERNMENT DATA PRACTICES ACT – TENNESSEN WARNING & CONSENT

The City of Inver Grove Heights is requesting data on this application to evaluate eligibility for a Rental Housing License and complete required background checks under IGH City Code § 4-13 and Minn. Stat. §§ 299C.67-299C.71.

You are not legally required to provide this data; however, failure to do so will prevent the City from processing this application.

Purpose & Use of Data

Your data will be used to:

- Determine eligibility for a rental license;
- Conduct required owner/manager background checks;
- Administer the rental licensing program.

Who May Access the Data

Data may be shared with:

- City licensing and code enforcement staff;
- Police Department personnel;
- Minnesota Bureau of Criminal Apprehension;
- Contracted inspection officials;
- City Council;
- Other entities authorized by law.

Classification of Data

- Prior to license approval, most data is **private** under Minn. Stat. § 13.41.
- Certain investigative data may be **confidential**.
- After license approval, most application data becomes **public**, except data classified otherwise by law.

Applicant Acknowledgment

I understand my rights under the Minnesota Government Data Practices Act and consent to the collection and use of this data.

Property Owner Signature _____ **Date** _____



PROPERTY MANAGER INFORMATION		PROPERTY MANAGER RESIDES WITHIN 75 MILES OF RENTAL PROPERTY <input type="checkbox"/> YES	
Management Company Name (if applicable):		Management Company Email:	
Management Company Address (if applicable):	City:	State:	Zip Code:
24-Hour Emergency Phone:	Management Office Phone:	Agent Email:	
Agent Name:	Agent Phone:	Agent Email:	

PROPERTY MANAGER TENNESSEN WARNING & CONSENT	Must be signed for EACH property manager
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Property Manager Signature _____ **Date** _____



City of Inver Grove Heights Police Department

8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525

Fax (651) 450-2543

Rental Housing License

Applicant General Authorization and Release and Criminal History Background Check Consent Form

To: The City of Inver Grove Heights, the Inver Grove Heights Police Department and the Minnesota Bureau of Criminal Apprehension:

I, _____, hereby authorize and grant my informed consent to permit you to obtain, release to and make available to the City of Inver Grove Heights and/or its agents and/or representatives, data classified as private which concerns me and which may be in or come into your possession. The data, which by my signature, I authorize to be released, consists of *both public and private* data as defined in Minnesota Statutes 13.02, Subdivision 12 and has been collected by you as a result of my contact and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form it exists.

That information to be released may relate to my dealing with any law enforcement agency and specifically includes criminal history data that will be obtained from the MN Bureau of Criminal Apprehension.

I understand that the purpose of permitting the City of Inver Grove Heights to have access to this information is to determine my suitability for issuance of a **Rental Housing License** from the City of Inver Grove Heights.

By signing this authorization, I hereby release the MN Bureau of Criminal Apprehension, the City of Inver Grove Heights, its officers and its agents from any and all liability resulting from the release, receipt or use of all data, regardless of accuracy.

Failure to sign this authorization form will disqualify me from receiving a City License/ Permit from the City of Inver Grove Heights.

This authorization shall be valid for the period of **one year**, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice pursuant to this consent to the City of Inver Grove Heights.

PLEASE NEATLY PRINT THE INFORMATION REQUESTED BELOW. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL SLOW YOUR APPLICATION PROCESS.

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Full Middle Name</i>
_____	_____	_____
<i>Date of Birth (mm/dd/year)</i>	<i>Male/Female</i>	<i>Driver's License Number</i>
_____	_____	_____
<i>Street Address</i>	<i>City, State, ZIP</i>	

NOTE: THIS IS A LEGALLY BINDING AUTHORIZATION. YOU MAY WISH TO CONSULT WITH A LAWYER BEFORE SIGNING.

_____	_____
<i>Signature</i>	<i>Date</i>

PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE, COLOR PREFERRED, WITH PICTURE OF LICENSE HOLDER AND DATA CLEARLY VISIBLE AND LEGIBLE.