

CITY OF CLEVELAND

205 4th Street, PO Box 309

Cleveland, MN 56017

Phone: 507-931-6380

Fax: 507-931-5353

RENTAL PROPERTY LICENSE APPLICATION

Rental Property Street Address: _____

Number of Rental Units: _____ Number of bedrooms per unit: _____

Company Name (if applicable): _____

Name of Property/Company Owner: _____

Property Owner/Company Address: _____

City, State, ZIP: _____

Phone Number(s): _____

Property Owner/Company Email Address: _____

Name of Property Manager/Property Agent: _____

Property Manager/Property Agent Address: _____

City, State, ZIP: _____

Phone Number(s): _____

Email Address: _____

Applicant's Signature _____ Date _____

Police Chief Signature _____ Date _____

Building Inspector Signature _____ Date _____

City Clerk or Assistant Clerk's Signature _____ Date _____

Total Fees: _____ Date Paid: _____ Expires: _____

Issue Date: _____ License #: _____