



COLUMBIA HEIGHTS FIRE DEPARTMENT

Inspection Division

825 41st Avenue N.E. - Columbia Heights, MN 55421 - Ph: 763-706-8156 - Fax: 763-706-8151

FOR OFFICE USE ONLY
OCCUPANCY ID #:
PROPERTY ID #:
RENTAL PERMIT #:
RENEWAL PERMIT #:

RENTAL PROPERTY ADDRESS:

The licensing period and rental license fee will be determined by the Fire Department Inspection Office.

REQUIRED INFORMATION - PLEASE CHECK THE APPROPRIATE BOXES

Check appropriate box to indicate the Criminal Background Check of all tenants has been completed. Yes No

Check here if this property will be managed by a Management Co./Property Manager: **If checked complete Section A**

Check box to indicate all mailings go to this contact Licensee Rental Property Manager Corporation/LLC

Licensee Information

Licensee Phone Numbers

Name and Mailing Address	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office
Drivers License or D.O.B.	E-mail Address:	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office

Emergency Contact Information. (Required) Please provide contact info other than owner's name!

Emergency Contact Name	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office
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Section A -- Rental Property Management Company/Manager Information

Rental Manager Phone Numbers

Name and Mailing Address	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office
Drivers License or D.O.B.	E-mail Address:	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office

Section B -- If Licensee is Corporation, LLC, LP, Please Provide Officer Info

(President, VP, Etc...)

NOTICE - LLC/Corporation - You must fill in section B. You must also provide a copy of your Articles of Incorporation. Your application will not be accepted if we do not have this information on file.

Name and Mailing Address	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office
Drivers License or D.O.B.	E-mail Address:	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Office

Please be sure to sign and date this application

Signature	Print Name	Date
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