

HOUSING REGISTRATION CERTIFICATE APPLICATION



CITY HALL
401 5th Street
Kasson MN 55944
507.634.7071

PLEASE FILL OUT FORM COMPLETELY. Use one form for EACH property.

Rental Address: _____, KASSON

Complex Name: _____

MAIL FORM & PYMT TO:

Kasson Police Dept
19 Main Street East
Kasson MN 55944
507.634.3881



BUSINESS / OWNER INFORMATION:

BUSINESS NAME _____

OWNER ADDRESS _____

CITY, STATE, ZIP _____

OWNER #1 NAME _____

DATE OF BIRTH _____ DAY PHONE _____ EVENING PHONE _____

DRIVER'S LICENSE # _____ EMAIL _____

OWNER #2 NAME _____

DATE OF BIRTH _____ DAY PHONE _____ EVENING PHONE _____

DRIVER'S LICENSE # _____ EMAIL _____

BUILDING MANAGER INFORMATION:

MANAGER NAME _____

ADDRESS _____

DATE OF BIRTH _____ EMAIL _____

DAY PHONE _____ EVENING PHONE _____

COMPLETE THIS CHART TO DETERMINE YOUR RENTAL REGISTRATION FEES.

Checks payable to CITY OF KASSON. Mail payment with this form to Kasson Police Dept.

NON-OWNER-OCCUPIED		UNIT FEES					+	BASE FEE			=	TOTAL AMOUNT DUE
CHECK ONE	TYPE OF BLDG	# OF RENTAL UNITS	x	\$10 PER RENTAL UNIT	=	TOTAL UNIT FEES	+	3 UNITS OR LESS	4-8 UNITS	9 UNITS OR MORE	=	
	Single Family	1	x	\$ 10.00	=	\$ 10.00	+	\$ 20.00	- X -	- X -	=	\$ 30.00
	Two Family	2	x	\$ 10.00	=	\$ 20.00	+	\$ 20.00	- X -	- X -	=	\$ 40.00
	Apartment Bldg		x	\$ 10.00	=	\$	+	\$ 20.00	\$ 25.00	\$ 30.00	=	\$
	Condo Unit		x	\$ 10.00	=	\$	+	\$ 20.00	\$ 25.00	\$ 30.00	=	\$
OWNER-OCCUPIED		UNIT FEES					+	BASE FEE			=	TOTAL DUE
	Two Family	1	x	\$ 10.00	=	\$ 10.00	+	\$ 20.00	- X -	- X -	=	\$ 30.00
	Apartment Bldg		x	\$ 10.00	=	\$	+	\$ 20.00	\$ 25.00	\$ 30.00	=	\$
	Condo Unit		x	\$ 10.00	=	\$	+	\$ 20.00	\$ 25.00	\$ 30.00	=	\$

Rental unit fee waived. Crime Free Multi-Housing GOLD certificate MUST BE ATTACHED.

I have completed this application & state the information contained herein is correct to the best of my knowledge.

SIGNATURE _____ OWNER MANAGER Date _____

BEST EMAIL TO RECEIVE CORRESPONDENCE: _____

INCLUDE MY CONTACT INFORMATION ON A PUBLIC LANDLORD LISTING: YES NO