

# City of Owatonna

## Rental Property License Application

### Applicant Information

Owner Name (s):

Phone: (Day)

Phone: (Evening)

Owner Address:

City:

State:

ZIP:

E-mail:

### Property Information

Name of Property:

Property Address:

How long have you owned property?

Fire Alarm? Circle One  
(Yes) (No)

Lock Box: Circle One  
(Yes) (No)

Is the building sprinkled? Circle One  
(Yes) (No)

Alarm Panel Location:

Lock Box Location:

Sprinkler System Location:

Number of Units:

### Emergency Contact

*If you live more than 30 miles from Owatonna you must designate a local agent.*

Agent:

Address:

City:

State:

ZIP:

Phone:

### Crime Free Housing Inspection

Would you like a crime free housing inspection? Circle One *This is a voluntary program to reduce crime.*  
(Yes) (No)

### Office Use Only

Date of Application:

Inspection fee:

Date of Inspection:

License:

Date of License:

Total:

Signature of Applicant:

Date: