

Received by City: _____
Application Number: _____
Non-refundable Fee Paid: _____



8319 County Road 11
 Breezy Point, MN 56472
 Phone: (218) 562-4441
www.breezypointmn.gov

Short Term Rental License Application

Name of Applicant _____
 Address _____ Email: _____
 City, State, Zip _____
 Phone _____ Alternate Phone _____

Physical Address / Location of Property _____
 Parcel ID(s) _____
 Property Manager (if different from Applicant) _____
 Property Manager Phone _____ Property Manager Email: _____
 Property Manager Address _____
 24 Hour Contact Number (during rental periods) _____

Application Materials Checklist:

Applications that do not contain the following items will be returned incomplete.

- Proof of Insurance (landlord insurance or equivalent)
- Septic System Certificate of Compliance (if not connected to city sewer)
- Structure Floor Plan with Room Dimensions and Room Identification
- Off-Street Parking Plan
- \$300 Application Fee (per unit)

Applicant Signature: _____ Date: _____

***By signing above, I acknowledge that I am responsible for all fees incurred by the City as a result of professional services provided by the City Engineer, City Attorney, and other contracted agencies in reviewing my application. Additionally, I acknowledge that all well testing requirements per Section 115.003(G) of the City Code have been satisfied.**