



City Hall
401 5th Street SE
Kasson, MN 55944
(507) 634-7071



Police Department
19 E. Main Street
Kasson, MN 55944
(507) 634-3881

Owner Information:

Business Name: _____

Owners Names: _____

Address: _____

City, State Zip: _____

Please use one form for EACH property

Please fill out form completely and make necessary changes!

HOUSING REGISTRATION CERTIFICATE APPLICATION

Rental Address: _____, **Kasson** **Complex Name:** _____

Owner # 1 Additional Information:

Date of Birth _____ Day Phone No. _____ Evening Phone _____

Driver's License No. _____ E-mail _____

Owner # 2 Additional Information:

Date of Birth _____ Day Phone No. _____ Evening Phone _____

Driver's License No. _____ E-mail _____

Building Manager Information:

Day Phone No. _____

Building Manager _____ Evening Phone _____

Manager's Address _____

Manager's e-mail _____ Date of Birth _____

To be completed by applicant:

One property address per application			Base Fee			Checks Payable to City of Kasson
Check one	Type of Building	# of Units <small>\$10.00 per rental unit</small>	3 Units or Less	4-8 Units	9 Units or More	Total Due
	Single Family	1	\$ 15.00	---X---	---X---	\$ 25.00
	Two Family	2	\$ 15.00	---X---	---X---	\$ 35.00
	Apartment Bldg.		\$ 15.00	\$ 20.00	\$ 25.00	\$
	Condo Unit		\$ 15.00	\$ 20.00	\$ 25.00	\$
Owner Occupied	Two Family	1	\$ 15.00	---X---	---X---	\$ 25.00
	Apartment Bldg.		\$ 15.00	\$ 20.00	\$ 25.00	\$
	Condo Unit		\$ 15.00	\$ 20.00	\$ 25.00	\$

*Rental unit fee waived, Crime Free Multi-Housing GOLD Certificate is **ATTACHED**

I am interested in learning more about how to obtain a Crime Free Multi-Housing Gold Certificate

I no longer own this property or this property is no longer being used for rental purposes (please sign, date & return)

Please include my contact information on a public landlord listing available to the public upon request.

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

Signature _____ owner manager Date _____