



8319 County Road 11
 Breezy Point, MN 56472
 Phone: (218) 562-4441
 Fax: (218) 656-1326
www.cityofbreezypointmn.us

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

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:

- 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.**