



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

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.**