

Experience LIFE in the Park

Enclosed is the 2018 Rental License Application. The City Council approved all fees at an October 2017 meeting. Payment is due at the same time that the application is submitted. We have the capability of accepting cash, check, or charge. Checks should be payable to the "City of St. Louis Park" or we accept Visa, MasterCard, Discover, and American Express. Renewal applications are required to be returned before January 1, 2018 and any application postmarked after January 1, 2018 will be subject to a late fee of either \$50 or 25%, whichever is greater.

Required Every Year, Every License Type The City has received notice from the Minnesota Department of Labor and Industry that all licensed businesses must complete and submit the attached "Certificate of Compliance" form providing evidence of compliance with the workers' compensation insurance coverage requirement by MN Statutes Chapter 176. Please complete and sign the enclosed form and return with your license application. If you have no employees or are self-insured, simply mark off the correct check-box #2 reason for exemption. If you have workers' compensation insurance and your policy is ever cancelled within the license period, you are required to notify the City by resubmitting this form. If you have any questions regarding this policy please contact the Minnesota Department of Labor and Industry at 651-284-5005 for details on how to complete this form.

Required Once The City of St. Louis Park has adopted the requirement of a Crime Free Housing Training class which is mandatory for all rental properties, but only needs to be taken once. This class is held by the City of St. Louis Park Police Department and other police departments throughout the area. You can get more information by going online to the City of St. Louis Park website https://www.stlouispark.org/government/departments-divisions/housing/landlord-information.

The city code requires that the property owner provide either a local management company or local contact information at the time of application, unless the property owner is residing locally and manages the property themselves. If there is a change in property management, the owner must contact the city with the updated information.

The St. Louis Park Rental Study is included on the colored sheet in this packet. Please complete the rental study using the link provided or by completing and returning the paper copy with your rental license.

Submission checklist: ☐ Completed, signed, and dated 2018 Annual Rental License application ☐ Completed, signed, and dated workers compensation form ☐ Payment Please return to: City of St. Louis Park Attn: Inspections 5005 Minnetonka Blvd St. Louis Park MN 55416

Please contact the Inspections Department at 952-924-2588 with any questions you may have regarding the 2018 Rental License requirements or application.

Thank You.
The Inspections Department



Annual Rental License Application

Type of License: \[\begin{array}{cccccccccccccccccccccccccccccccccccc					
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Property Owner Information property. Address cannot b			r, not the licensed rental		
Owner Name(s)		Email			
Address	City	State	ZIP		
Home Phone	Work	Cell			
Management Company/Loca	al Contact (not the	association unless th	ey also manage the licensing)		
Contact Person_					
Address	City	State _	ZIP		
Email address					
Work	Home	Cell			
Work Home Cell 1 & 2 Single Family, Townhome/Condominium/Cooperative Non-Owner Occupied Rental Property Information (enter Multi-Family on next page)					
Property Address		Zip Code	Duplex (check if applicable)		
					
			<u></u>		
					
Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the license may not be issued. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code.					
Applicant's Signature		Date			
Business License Fee: Late Fee if applicable:					
Office Use Only					
Total Fee Paid: Lic # WC Taxes New					
Form of Payment: Check #	Charge Cas	sh Date Issued	Initials		

Verification of L	ease Addendum and Training (fo	or property not previously	licensed):			
☐ I/We have included	the St. Louis Park Lease Adden	dum Language as part of th	he leases used			
for the rental propert proof of this statement.	ies listed on this application. If r	necessary, the City shall reques	t			
☐ I or a member of m	y management staff has attended	d the Crime Free Housing	Training. Copy			
of the training certificate <i>information</i>	required to be on file for issuance of	license(s). See cover letter f	or further			
Must be filled out by	MULTI-FAMILY LICENSE AI the applicant - enter BOTH t		numbers			
Federal Tax ID No	Federal Tax ID No MN State Tax ID No					
Social Security No. (if T	Tax ID numbers are not available)					
Multi-	Family Rental Property Infor	mation (3 or more units)			
Name of Property	Property Address	# of Buildings	# of Units			
						
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Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all time	es by employers as required by law.					
License or certificate number (if applicable)	Business telephone number	Alternate telephone number				
Business name (Provide the legal name of the business entity. If the name(s), for example John Doe, or John Doe and Jane Doe.)	business is a sole proprietor or partn	lership, provide the owner's				
DBA ("doing business as" or "also known as" an assumed name), if a	applicable	_				
Business address (must be physical street address, no P.O. boxes)	City	State ZIP code				
County	Email address					
You must complete no						
Note: You must resubmit this form to the authority issuing your licen	se if any of the information you have	provided changes.				
1. I have a workers' compensation insurance policy.						
Insurance company name (not the insurance agent)						
Policy number	Effective date	Expiration date				
☐ I am self-insured for workers' compensation. (Attach a Department of Commerce; see www.mn.gov/commerce/inc						
2. I am not required to have workers' compensation insurar	nce because:					
I only use independent contractors and do not have empl courier industries; Minn. Stat. § 181.723, subd. 4, for build industries.)						
 I do not use independent contractors and have no employee.) 	I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition					
I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)						
I only have employees who are not required to be cover Minn. Stat. § 176.041 for a list of excluded employees.)	ed by the workers' compensation la	aw. (Explain below.) (See				
Explain why your employees are not required to be covered						
I certify the information provided on this form is accurate and comple authorized to sign on behalf of the business.	te. If I am signing on behalf of a busin	ness, I certify I am				
Print name						
Applicant signature (required)	Title	Date				

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.