

## 2010 Annual Rental License Application

**Type of License:**

- 1 or 2 Single Family Non-Owner Occupied Dwellings - \$95/unit or \$145/Duplex\***
- Townhome/Condominium/Cooperative Housing Unit - \$75/unit**
- Multi-Family - 3 or more units - \$155 per building and \$10 per unit**

**Check the appropriate box. If you have both type of properties please check both boxes**

*\* If both units in the duplex are rented this fee would apply otherwise if only one unit is rented it would be the \$95 fee*

**Property Owner Information: (Name and address of property owner, not the SLP rental property) Please print clearly**

Owner Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Management Company or Local Contact Information (if applicable): Please print clearly**

Contact Person \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_

Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**1 & 2 Single Family, Townhome/Condominium/Cooperative  
 Non-Owner Occupied Rental Property Information (Multi-Family on back):**

**Property Address**
**Duplex (please check if applicable)**


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 annually updated 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** \_\_\_\_\_

**Fees Paid**
**Business License Fee:** \_\_\_\_\_ **Late Fee if applicable:** \_\_\_\_\_

**Office Use Only**
**Total Fee Paid: \$** \_\_\_\_\_ **Lic#** \_\_\_\_\_ **WC**  **Taxes**  **Changes** 
**Form of payment:** **Check #** \_\_\_\_\_ **Charge** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Date Issued** \_\_\_\_\_ **Initials** \_\_\_\_\_





### *Inspections Department*

Enclosed is the 2010 Rental License Application. **You will need to complete the application and return with payment before January 1, 2010. Any application received after January 1, 2010 will be subject to a late fee of either \$50 or 25%, which ever is greater.** Payment is due at the same time the application is submitted. The application must be postmarked no later than December 31, 2009. Any applications received after that date will be subject to the late fee. We have the capability of accepting cash, check (payable to the City of St. Louis Park) or credit card (Visa and Mastercard only).

The council approved all fees at the November 3, 2009 meeting. Listed below are the 2010 fees:

1 & 2 single family housing	\$95.00/unit
Townhome/Condominium/Cooperative	\$75.00/unit
Duplex (when both units are rental)	\$145.00/duplex
Multi-Family housing	\$155/building and \$10/unit

\*\*\*The City of St. Louis Park has 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. You can get more information by going online to the City of St. Louis Park website [http://www.stlouispark.org/crime\\_prevention.htm](http://www.stlouispark.org/crime_prevention.htm). \*\*\*

The City has received notice from the Minnesota Department of Labor and Industry that all licensed establishments must complete and submit a "Certificate of Compliance" form proving evidence of compliance with the workers' compensation insurance coverage requirement by MN Statutes Chapter 176. This **signed** form is in addition to any other required license insurance certificates and will be required with license renewals each year going forward. **Please complete and sign the enclosed form and return with your license application.**

If your Workers' Compensation 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 the new policy please contact the Minnesota Department of Labor and Industry at **651-284-5005**.

Please contact the Inspections Department at 952-924-2504 with any questions you may have regarding the 2010 Rental License requirements or application.

The Inspections Department

# Certificate of Compliance Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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 times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

**I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.**

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.