St. Louis Park
MINNESOTA

Inspections Department

Enclosed is the 2012 Rental License Application. **You are required to complete the application and return with payment before January 1, 2012. Any application received after January 1, 2012 will be subject to a late fee of either $50 or 25%, whichever is greater.**

The council approved all fees at the October 3, 2011 meeting. Payment is due at the same time the application is submitted. The application must be postmarked no later than December 31, 2011. 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, MasterCard, Discover, and American Express).

Listed below are the 2012 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	$165.00/building and $11.00/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*. ***

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 policy please contact the Minnesota Department of Labor and Industry at **651-284-5005**.

Please contact the Inspections Department at 952-924-2588 with any questions you may have regarding the 2012 Rental License requirements or application.

The Inspections Department

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City of St. Louis Park * Inspections Department * 5005 Minnetonka Blvd * St. Louis Park, MN 55416
Phone 952-924-2588 * Fax 952-924-2663 www.stlouispark.org

St. Louis Park
MINNESOTA

2012 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 - $165 per building and $11.00 per unit**
- □ **Vacant Property – Vacant at least 6 months - fee based on property type**

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 and Zip Code	**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 to annual 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**_____

Fees Paid
Business License Fee: _____ **Late Fee** *if applicable:* _____

-Over-

Office Use Only

Total Fee Paid:_____ **Lic #**_____ **WC** ☐ **Taxes** ☐ **New** ☐

Form of Payment: Check #_____ **Charge** _____ **Cash** _____ **Date Issued** _____ **Initials** _____

Verification of Lease Addendum and Training (for property, not previously licensed):

☐ **I/We have included the St. Louis Park Lease Addendum Language as part of the leases used for the rental properties listed on the back of this application.** If necessary, the City shall request proof of this statement.

☐ **I or a member of my management staff has attended the Crime Free Housing Training.** Copy of the training certificate required for issuance of license(s). ***See cover letter for further information***

MULTI-FAMILY LICENSE APPLICANTS ONLY

Must be filled out by the applicant

Federal Tax ID No. _____ MN State Tax ID No. _____

Social Security No. (if Tax ID numbers are not available) _____

Multi-Family Rental Property Information (3 or more units)

Name of Property	Property Address	# of Buildings	# of Units

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Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Certificate of Compliance
Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL BUSINESS TYPES

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. 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE

COUNTY	E-MAIL ADDRESS

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

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

- ☐ I have no employees.
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ 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: _____.

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	**TITLE**	**DATE**

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change 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.