



Licensing/Code Enforcement Division
 125 Third Avenue North, South St. Paul, MN 55075

651-554-3229 FAX: 651-554-3211

Rental Property License Application

LICENSE FEE: \$30.00 per unit . *License must be renewed each year*

BACKGROUND INVESTIGATION FEE: \$25.00 FOR ANY NEW APPLICANT. *This fee does not include existing rental license holders.*

Please complete all areas of application

LICENSE YEAR _____

Property Address

Type of Unit (select one)

- Single Family Townhouse Apartment
 Duplex Triplex Fourplex
 Condo Mobile Home

Total Number of Units:

Please attach a list of all properties if applicable (townhouses & apartments)

Property Owner Information

Applicant Name: (First, Middle and Last)	Date of Birth:
Street Address:	City, State, Zip
Home or Business Phone:	Cell Phone:
Email:	Fax:

Manager/Management Company Information (will provide tenant Register upon request)

Name of Management Company:	
Name of Manager/Contact:	Second Contact (if applicable):
Street Address:	City, State, Zip
Home Phone:	Cell Phone:
Email	Fax:

Minnesota law requires the City of South St. Paul to obtain the Business Tax ID and/or Social Security number of all rental license applicants. If not completed, your application will not be processed.

Federal Tax ID: _____ State Tax ID: _____ Social Security No.: _____

BACKGROUND INVESTIGATION

CONSENT RELEASE

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

- The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of South St. Paul.
- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
- The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date: _____

X _____

Applicant signature

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Remit to:

Office of the City Clerk

License Division

125 Third Avenue North

South St. Paul, MN 55075

(651) 554-3229 (651) 554-3211 (Fax)

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 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email 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)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

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

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.