

## 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 APPLICAN	NT. This fee does not include existing rental license holders.
Please complete all areas of application	LICENSE YEAR
Property Address	Total Number of Units:  Please attach a list of all properties if applicable (townhouses &
Type of Unit (select one)	apartments)
☐ Single Family ☐ Townhouse ☐ Apartment ☐ Duplex ☐ Triplex ☐ Fourplex ☐ Condo ☐ Mobile Home	Total Number of Units with Registered Housing with Services:
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	ll 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	e Business Tax ID and/or Social Security number of all

rental license applicants. If not completed, your application with not be processed.

Federal Tax ID: \_\_\_\_\_ State Tax ID: \_\_\_\_\_ Social Security No.: \_\_\_\_

ii you oiiii oiiidi piopoidi	es, please provide addresses o	f at least three:
Street Address	City	State
This license is non-transferable	. New Owners must apply for	a new license.
certify that the information contained in this application is to anges in ownership or in the number of rental units. I furthe cets set out in this application. I understand that the purpose	er authorize the City or its Vendor and	other City Officials to investigate a
nitability for issuance of a Rental License in the City of Sout quested data, but that by refusing to comply, my license app	h St. Paul. I further understand that I a blication maybe denied. Your residence	am not legally required to supply the address and telephone number w
itability for issuance of a Rental License in the City of Sout equested data, but that by refusing to comply, my license apply e considered public data unless you request this information thereby certify that the smoke detectors are properly installed reporty owner/manager has a screening process during the apple Rental Dwelling.	h St. Paul. I further understand that I a blication maybe denied. Your residence to be private and provide an alternate I and operable and that all fire exits ar	am not legally required to supply the address and telephone number waddress and telephone number.  The accessible is also certify that the
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- Completed Inspection Report by a licensed Housing Evaluator indicating all hazardous items have been corrected
- Rental License Fee
  - \*\* Licenses are valid from time of approval to May 31st of current year or June 1st—May 31st \*\*
    FAILURE TO SUBMIT THE REQUIRED FEE, APPLICATION, MN WORKER'S COMPENSATION FORM
    AND COMPLETED INSPECTION WILL RESULT IN APPLICATION BEING RETURNED AND DELAY
    THE PROCESSING OF YOUR BUSINESS RENTAL LICENSE

For office use only:	License #	Amount Paid: \$	Applicant #
	Rental Inspection Expires or	n:	

## **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 your-self 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.

Applicant Full Name (First, Middle, Last): \_\_\_\_\_\_\_

Applicant Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_

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)

Send License To:  □ Property Owner				
	Send Renewal To:			
± •	□ Property Owner			
<ul><li>□ Property Management Company</li><li>□ Other (Please Indicate)</li></ul>	☐ Property Management Company ☐ Other (Please Indicate)			
United (Flease indicate)	United (Flease indicate)			
Have you, as the Applicant, ever been convicted of any felony, crime or violation of any ordinance, other than traffic? <i>If yes, give a clace and nature of conviction.</i> Yes No				
Certificate of Compliano	ce—Minnesota Workers' Compensation Law			
•	e and local licensing agency to withhold the issuance or renewal of a license pplicant presents acceptable evidence of compliance with the			
	at of Minnesota Statutes Chapter 176. If the information is not provided or is dagainst the applicant by the commissioner of the Department of Labor and			
A valid workers' compensation policy must be kept in	effect at all times by employers, as required by law.			
	OT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.			
You must complete number 1 or 2 below.				
** NUMBER 1—WORKERS' COM	IPENSATION INSURANCE POLICY INFORMATION			
	IPENSATION INSURANCE POLICY INFORMATION TION FROM WORKERS' COMPENSATION INSURANCE			
** NUMBER 2—REASON FOR EXEMP  If you have questions regarding the need to obtain worl				
** NUMBER 2—REASON FOR EXEMP  If you have questions regarding the need to obtain work (800) 342-5354.	TION FROM WORKERS' COMPENSATION INSURANCE kers' compensation coverage, including exemptions, call (651) 284-5032 or			
** NUMBER 2—REASON FOR EXEMP  If you have questions regarding the need to obtain worl (800) 342-5354.   I have no employees. (See Minnesota Statute 176.01)	TION FROM WORKERS' COMPENSATION INSURANCE kers' compensation coverage, including exemptions, call (651) 284-5032 or 11, Subd. 9 for the definition of an employee.)			
** NUMBER 2—REASON FOR EXEMP  If you have questions regarding the need to obtain work (800) 342-5354.   I have no employees. (See Minnesota Statute 176.01)  I am self-insured for workers' compensation (attach Commerce).	TION FROM WORKERS' COMPENSATION INSURANCE kers' compensation coverage, including exemptions, call (651) 284-5032 or			
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** NUMBER 2—REASON FOR EXEMP  If you have questions regarding the need to obtain work (800) 342-5354.   I have no employees. (See Minnesota Statute 176.01)  I am self-insured for workers' compensation (attach Commerce).  I have employees but they are not covered by the workers excluded employees.) Explain why your employees  I certify the information provided on this form is accurate authorized to sign on behalf of the business. I have real	Action FROM WORKERS' COMPENSATION INSURANCE  kers' compensation coverage, including exemptions, call (651) 284-5032 or  11, Subd. 9 for the definition of an employee.)  a copy of the authorization to self-insure from the Minnesota Department of orkers' compensation law. (See Minnesota Statute 176.041 for a list of are not covered:  ate and complete. If I am signing on behalf of a business, I certify that I am d and understand all the laws and ordinances pertaining to the operation of a bed that notification to the City will be provided in writing within five (5)			