



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

Total Number of Units: _____
 Please attach a list of all properties if applicable (townhouses & apartments)

Type of Unit (select one)

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: (P.O. Boxes Not Accepted)	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.: _____

If you own other rental properties, please provide addresses of at least three:

Street Address

City

State

This license is non-transferable. New Owners must apply for a new license.

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership or in the number of rental units. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application. I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Rental License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application maybe denied. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternate address and telephone number.

I hereby certify that the smoke detectors are properly installed and operable and that all fire exits are accessible. I also certify that the property owner/manager has a screening process during the approval process of each tenant to attempt to ensure quality tenants occupy the Rental Dwelling.

Signature (Of Owner, Partner, or Corporate Officer)

Date

Printed Name (Of Owner, Partner, or Corporate Officer)

APPLICATIONS MUST INCLUDE:

- 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 on: _____

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.

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)

- For future mailings and renewal information, please indicate where you would like to receive the following (select all that apply):

Send License To:

- Property Owner
- Property Management Company
- Other (Please Indicate)

Send Renewal To:

- Property Owner
- Property Management Company
- Other (Please Indicate)

- Have you, as the Applicant, ever been convicted of any felony, crime or violation of any ordinance, other than traffic? *If yes, give date, place and nature of conviction.* ___ Yes ___ No

Certificate of Compliance—Minnesota Workers’ Compensation Law

Minnesota Statute, 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers’ compensation insurance coverage requirement of Minnesota Statutes Chapter 176. If the 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.

**** YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

You must complete Section 1 or 2 below.

**** SECTION 1—WORKERS’ COMPENSATION INSURANCE POLICY INFORMATION**

Insurance Company Name (not the insurance agent)	Policy Number
Effective Date	Expiration Date

**** SECTION 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 (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 that I am authorized to sign on behalf of the business. I have read and understand all the laws and ordinances pertaining to the operation of a rental dwelling in the City of South St. Paul. It is agreed that notification to the City will be provided in writing within five (5) days of any change of ownership or management company information.

Signature of Applicant

Printed Name

Date

Any questions, contact Shirley at (651) 554-3229 or sbuecksler@southstpaul.org