



City of South St. Paul

Licensing/Code Enforcement Division

125 Third Avenue North, South St. Paul, MN 55075

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

For Office Use Only

License # _____ Amount Paid: \$ _____

Applicant # _____

Inspection Dated: _____ Type: TOS or Rental (circle)

Inspection Expires: _____

Rental Property License Application

LICENSE FEE: \$30.00 per unit per year. License will be valid from time of approval to May 31st. License must be renewed annually, after which the license will be valid from June 1st to May 31st.

BACKGROUND INVESTIGATION FEE: \$25.00 for any **NEW** applicant. This fee does not apply to existing Rental License holders.

Please complete all areas of application and submit along with payment and completed inspection.

Processing of your license may be delayed if application is incomplete.

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 to be listed as Registered Housing with Supportive Services: _____

Property Owner Information

Send copy of License (___) Send copy of Renewal (___)

Applicant Full Name (First, Middle, Last):	Date of Birth:	Business Name, if applicable:
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Street Address (P.O. Boxes Not Accepted):	City, State, Zip
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Home or Business Phone:	Cell Phone:	Fax Number:
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Email:	Driver's License No.:	State of Issuance:
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Minnesota law requires the City to obtain tax identification for all license applicants. If not provided, your application will not be processed. Federal Tax ID: _____ State Tax ID: _____ Social Security No.: _____

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

Send copy of License (___) Send copy of Renewal (___)

Name of Management Company:

Name of Manager/Contact:	Second Contact (if applicable):
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Street Address:	City, State, Zip
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Home Phone:	Cell Phone:
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Email	Fax:
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REQUIRED: ALL SECTIONS MUST BE COMPLETED

I. SOUTH METRO FIRE DEPARTMENT - FIRE DETECTOR AFFIDAVIT

Smoke Detector Inspection Affidavit

- Yes I have personally inspected and tested the smoke detectors on this property and all were found to be in place and in working order.
- Yes I affirm that I have explained to an occupant of each dwelling the location and operation of each smoke detector, instructions describing the action to be taken when an alarm sounds, procedure for periodic testing, and contacting the owner when a low-battery tone, power light failure or an inoperative or defective smoke detector occurs.

II. VIOLATIONS/REVOCATIONS

- A) Have you, as the Applicant, ever been convicted of any felony, crime or violation of any ordinance, other than traffic? Yes No
If yes, give date, place and nature of conviction: _____
- B) Have you ever had a license revoked or been issued a Provisional Rental License in another City? Yes No
If yes, list any and all Cities: _____

III. RENTAL PROPERTIES OWNED

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

Street Address: _____, City: _____, State: _____
Street Address: _____, City: _____, State: _____
Street Address: _____, City: _____, State: _____

IV. CERTIFICATE OF COMPLIANCE - MINNESOTA WORKERS' COMPENSATION LAW

**** Your license will not be issued without the following information - you must complete either Section A or B below.**

Minnesota Statute, Sec. 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 this 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.

Section A: WORKERS' COMPENSATION INSURANCE POLICY INFORMATION (for businesses with employees)

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

Section B: REASON FOR EXEMPTION FROM WORKERS' COMPENSATION INSURANCE (for businesses with no employees or other coverage)

For questions on obtaining workers' compensation coverage or exemptions, call (651) 284-5032 or (800) 342-5354.

- I have no employees (see Minnesota Statute 176.011, Sub. 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: _____

V. SIGNATURE REQUIRED

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, management company information, or the number of rental units. I 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 may be denied. I understand that my residence address and telephone number will be considered public data unless I request this information to be private and provide an alternate address and telephone number.

Signature (Applicant, Owner, Partner or Corporate Officer)

Date

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

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.

By signing below, the undersigned acknowledges that he/she has read and understands the contents of this notice.

Applicant Full Name (First, Middle, Last): _____

Applicant Date of Birth (mm/dd/yyyy): _____

Signature

Date

*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 Completed Application to:

City of South St. Paul
Licensing Division
125 Third Avenue North
South St. Paul, MN 55075

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Fax: (651) 554-3211