



City of South St. Paul

Licensing/Code Enforcement Division

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

Phone: (651) 554-3229 Fax: (651) 554-3201

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:

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

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

Full Name (First, Middle, Last):		Date of Birth:	Business Name, if applicable:
Street Address (P.O. Boxes Not Accepted):		City, State, Zip	
Home or Business Phone:	Cell Phone:	Fax Number:	
Email:	Driver's License No.:	State of Issuance:	
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):
Street Address:	City, State, Zip
Home Phone:	Cell Phone:
Email	Fax:

All questions must be completed in full in order to process your rental license application.

I am applying for a _____ dwelling unit building for the property located at: _____

1. **The property is one dwelling unit structure?** _____ Yes _____ No **** If you answer Yes, please go directly to #5.**

2. If this property is a multiple dwelling unit structure:

A. Has the property been legally rented out in the past (with a valid rental license) with the same number of dwelling units that you are proposing? _____ Yes _____ No _____ I don't know

If answered "yes" to a, please also answer b:

B. In the time since that valid rental license was issued, has the property ever been converted to have fewer dwelling units than what you are proposing? _____ Yes _____ No _____ I don't know

3. Each rental unit has been inspected in accordance with Article VII of Chapter 106 of City Code? _____ Yes _____ No

4. If you are seeking to rent out more units in this building than what was allowed through the most recently issued valid rental license, you will need to go through a zoning/building review to determine whether this is possible. If this building has not been rented out in the past with a valid rental license, you will also need to go through zoning/building review. You may not make any modifications to your building to create additional dwelling units without first going through the zoning review. Please answer the following to assist the Zoning Administrator and Building Official in completing the required zoning/building review:

A. The property has a width of 75 feet? _____ Yes _____ No

B. The property has an area of 9,000 square feet? _____ Yes _____ No

C. The property has a width of 7,500 square feet and was platted prior to May 1, 1967? _____ Yes _____ No _____ Unsure

D. The footprint of all dwellings and accessory buildings on the lot do not cover more than 35% of the lot area? _____ Yes _____ No

E. Each dwelling unit has a separate access to the outside of the dwelling or access to a common hallway or entryway? _____ Yes _____ No

F. Each dwelling unit has a separate bathroom, kitchen, and sleeping area? _____ Yes _____ No

G. Each dwelling unit has two (2) off-street parking spaces (in compliance with Article VII Chapter 188, Section 354) on the Property? _____ Yes _____ No

H. Are there doors leading directly between units? _____ Yes _____ No

I. Does the building have radiant or forced air heating? _____ Radiant _____ Forced Air _____ Other (please note heating source): _____

J. If you are converting the property to have additional units you will also need to provide pictures/documentation to verify that the items noted above have been completed in accordance with City Code and with the Minnesota State Residential Code.

5. _____ (print property owners name) certify that the responses provided above are correct to the best of my knowledge.

(signature)

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. Rental Property Information

Property currently accepts subsidized housing vouchers (COPY OF REGISTRATION BY STATE IS REQUIRED)

___ Yes	If Yes, indicate: ___ Section 8 Housing	Number of Units: _____
___ No	___ Group Residential Housing	Number of Units: _____

Property is currently a state-licensed residential care facility (COPY OF LICENSE BY STATE IS REQUIRED)

___ Yes	If Yes, indicate: Type of License _____
___ No	License Number _____

V. APPLICANT AGREEMENT

- I have read and understand Article VII, Sections 106-230 to 106-247 of the City Code regarding rental licensing and understand that I am subject to all the requirements listed in addition to other city ordinances.
- I understand that all tenants must be included on a written lease, this includes ***required* Crime Free Lease Addendum.**
- I understand that the City Clerk must be notified in writing within 10 business days of any change of information on this application.
- I understand that rental licenses are not transferable and that new owner(s) must apply for a new license.
- I understand that it is the owner/manager's responsibility to pursue the necessary actions to renew said license in a timely manner.

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: _____

SIGNATURE REQUIRED

I understand and affirm that I will operate and maintain the subject premises identified herein according to the South St. Paul City Code. I hereby affirm that I am the owner or authorized agent of the owner and the answers contained herein are true and accurate in all respects to the best of my knowledge and belief.

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

A COPY OF YOUR DRIVER'S LICENSE MUST
ACCOMPANY THIS FORM IN ORDER TO HAVE
YOUR RENTAL LICENSE

PLACE COPY OF DRIVER'S LICENSE HERE
OR
SUBMIT SEPARATELY WITH APPLICATION

*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

Phone: (651) 554-3229
Fax: (651) 554-3201

Multi-Family Housing Recycling Addendum Affidavit

Effective January 1, 2020, Dakota County requires multi-family properties (4+ units) to meet minimum recycling requirements found in Ordinance 110. I hereby certify that the property at _____ that I own does the following or meets the following requirements:

1. Recycling Service

- Yes No Offers Recycling Service (either with a hauler or self-hauls).
- Yes No Offers weekly recycling service of at least 0.1 cubic yards per dwelling unit.
- Yes No Offers containers large enough to collect all recyclable to prevent overflow between pick up days.

2. Recycling of Designated Materials

- Yes No The property recycles paper, cardboard, cartons (ex. milk and juice containers, metal cans, glass bottles & jars, and plastic bottles (# 1, 2, 5).

3. Co-located Containers

- Yes No Recycling and trash containers are within 10 feet of each other in all common areas, including but not limited to lobbies, mail rooms, employee areas, laundry rooms, community rooms, gyms, and outdoor spaces.

4. Labeled Containers

- Yes No All recycling and trash containers are labeled as "trash" or "recycling" to indicate the type of material collected. *
- Yes No All labels are color coded with blue indicating recycling and black or grey denoting garage. *
- Yes No All labels show images of what can be recycled and how to recycle certain items. (i.e., flatten boxes). *

* Dakota County offers free recycling and trash labels to meet these requirements. (See reverse)

5. Provide Recycling Education

- Yes No Standardized recycling education is provided to residents, employees and housekeeping and custodial contractors, at least once a year. *
- Yes No New residents and staff are provided with recycling information within 30-days of move in or hire. *

* Dakota County provides free educational resources that meet these requirements.

Signature

Date

WE RECYCLE



Multifamily recycling program

People who live in apartments, townhomes and condominiums play an important role in helping keep our air, water and land clean. Research shows recycling is one of the top amenities desired by tenants.

Property owners and managers are required by County Ordinance 110 to provide residents with the opportunity to recycle. View the requirements at www.dakotacounty.us, search *multifamily requirements*.



Example of signs, labels and tote bag.

We can help

FREE ON-SITE ASSISTANCE

Meet with a program liaison to help design a new or improved recycling program or start waste prevention efforts.

FREE LABELS AND SIGNS

Order container labels, chute signs, common area posters, flyers and additional educational resources.

FREE EDUCATION

Request free on-site or virtual presentations for staff or residents to learn recycling do's and don'ts and to answer questions.

FUNDING TO IMPROVE RECYCLING

Apply for recycling containers and more, up to \$10,000 in value per location, available on a first-come, first-served basis.

To be eligible

Multifamily buildings must be located in Dakota County and have two or more units. Program participants must also have or be willing to obtain: recycling service, recycling containers, and sufficient recycling capacity as required by County Ordinance 110.

To request assistance and resources

Call: 952-891-7557

Email: multifamilyrecycling@co.dakota.mn.us