



City of Maplewood
 Community Development Department
 1902 County Road B East | Maplewood, MN 55109
 651-249-2300 | www.MaplewoodMN.gov

Rental Dwelling License APPLICATION

License Fee = \$150 + \$50/unit

Guidance relating to Rental Dwellings is contained in the Maplewood City Code, Chapter 12, Article XIII (Licensing of Rental Dwellings). All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

Rental Property Information (Maplewood rental dwelling, to be licensed):		
Address (include unit information, if applicable):	Name of Complex (if applicable):	
Total Number of Buildings:	Total Number of Units:	
Housing Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Townhome <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Multi-Family		
Duplex, Triplex & Multi-Family Properties (A license will not be issued until <i>all</i> buildings have passed the on-site inspection):		
If applicable, please provide the street number and name for <i>each building</i> to be licensed (use additional page, if necessary)		
1)	2)	3)

Property Owner Information:			
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign Corporation			
If Individual ownership , provide the following for each owner (the individual listed in the first row will be considered the primary contact for this property and will receive EMAILS from the City regarding renewal and other license related correspondences); use additional page if necessary:			
First Name:	Last Name:	Primary Phone:	Email Address:
First Name:	Last Name:	Primary Phone:	Email Address:
If Partnership, Corporation, Foreign Corporation, LLC, etc. provide the following (the individual listed as <i>Business Representative</i> will be considered the primary contact for this property and will receive EMAILS from the City regarding renewal and other license related correspondences); use additional page if necessary:			
Legal Business Name:			
Business Representative First & Last Name:			
Cell Phone:		Email Address:	
Business Phone:			

Property Owner Address (license renewal notifications and correspondences will be sent to this address):		
Street Number and Name:		
City:	State:	Zip:

Property Manager Information (if owner does not live in the Twin Cities Metro Area, a management company/manager residing in the Twin Cities Metro Area must be designated by the owner to be legally responsible to ensure compliance with Maplewood City Code Chapter 12, Article XIII)

First & Last Name:		
Property Management Company (if applicable):		
Cell Phone:	Email Address:	
Business Phone:		
Address:		
City:	State:	Zip:

Violations:	
<input type="checkbox"/> YES	Has any individual having ownership or management of this property been convicted of a background check crime as defined in Minn. Stats. § 299C.67, subd. 2, as may be amended from time to time, or any crime related to the licensed business of rental dwellings?
<input type="checkbox"/> NO	
<i>If yes, detail below the date, place and type of offense(s):</i>	
<input type="checkbox"/> YES	Within the past year, has any individual having ownership or management of this property had a rental license to operate another rental dwelling in the City of Maplewood or in another jurisdiction denied, revoked, or suspended?
<input type="checkbox"/> NO	
<i>If yes, detail below where and the reason(s) for revocation/denial/suspension(s):</i>	

Smoke Detector Inspection:	
<input type="checkbox"/>	I have personally inspected and tested the smoke detectors on this property and all were found to be in place and in working order
<input type="checkbox"/>	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 period testing, and contacting the owner when a low-battery tone occurs, power light failure, or the inoperative condition of, or defective smoke detector

Applicant Agreement:	
<input type="checkbox"/>	I understand that all rental properties must undergo housing inspections.
<input type="checkbox"/>	I understand that all tenants must be included on a written lease, this includes the *required* Crime Free Lease Addendum, or its legal equivalent.
<input type="checkbox"/>	I understand that all rental licenses must be renewed annually and prior to the established renewal deadline and that the City is not required to notify me of such renewal date. I also understand that failure to submit a renewal application prior to the designated renewal deadline may result in late fees and/or administrative or criminal citations.
<input type="checkbox"/>	I understand that it is the owner/manager's responsibility to pursue the necessary actions to renew said license in a timely manner, including but not limited to: <ul style="list-style-type: none"> • Submission of an application • Scheduling and passing any necessary inspections • Payment of fees
<input type="checkbox"/>	I understand that rental licenses are not transferable and that new owner(s) must apply for a new license.
<input type="checkbox"/>	I understand that the City must be notified in writing of any change of information on this application.

Electronic Notification Services – Proposed Ordinances

The City of Maplewood now offers an electronic *Notify Me* service for users to request notifications on various activities happening at the City. One of the notifications available is for a *proposed new ordinance or a proposed amendment to an ordinance*, which could help you stay up-to-date on changes made by City Council that may affect the operation of your business. If you choose to opt-in, please understand you will receive notifications of all proposed ordinance changes, not just those that impact your business.

If you'd like to receive this notification, or notification of any of the activities for which notifications are available, please visit the City's *Notify Me* page at <https://maplewoodmn.gov/list.aspx>. Sign in with a valid email address and select the notifications you'd like to sign up for. Email addresses provided are considered private data and are not shared with third parties.

The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I understand and affirm that I will operate and maintain the subject premises identified herein according to Maplewood City Code, Maplewood City Code Chapter 12, Article XIII, and agree to allow inspections, as required by the City Code. I hereby affirm that I am the property owner or am legally responsible for the property, and the answers contained herein are true and accurate in all respects to the best of my knowledge and belief.

*Signature _____ Date _____

Print Name _____ Title _____

****The individual signing this application must be listed on the application as Property Owner, Business Representative or Property Manager***



Licensing of Rental Dwelling Tax Identification

Under Minnesota Law (M.S. 270C.72) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Tax Identification Information:	
<i>Sole Proprietors:</i>	<i>Partnerships, LLC's, Corporations, etc.</i>
First Name:	Legal Business Name:
Last Name:	Federal Tax ID:
Social Security Number:	State Tax ID:

MINNESOTA §270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

*Signature _____ Date _____

Print Name _____ Title _____



Licensing of Rental Dwelling Property Minnesota's Workers' Compensation Liability Certificate of Compliance

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Workers' Compensation Coverage *(This form is required to be submitted with all rental applications and rental license renewals whether or not you have workers' compensation insurance):*

I carry Workers' Compensation Insurance

Insurance Company Name: _____

Policy Number: _____

Effective Date: _____

Expiration Date: _____

I am not required to have workers' compensation liability coverage because:

I have no employees who are covered by Workers' Compensation Law *(this includes parents, spouse & children)*

I have no employees

I am Self-Insured (attach a copy of the permit to self-insure)

Other: : _____

MINNESOTA §176.182

BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED.

Every state or local licensing agency shall 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 section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

*Signature _____ Date _____

Print Name _____ Title _____

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RENTAL LICENSE BACKGROUND CHECK CONSENT FORM

To be filled out by Property Owner or designated Property Manager, legally responsible to keep dwelling in compliance with Maplewood City Code Chapter 12, Article XIII.

The following is required before a background investigation will be conducted by the Maplewood Police Department; incomplete applications will be returned:

1. Colored copy of applicant's Government Issued ID
2. Applicant's name **must** appear on Rental License application as Property Owner or designated Property Manager

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male _____ Female _____ Social Security Number: _____

Government Issued ID Number: _____ State: _____

****submit a colored copy of ID with this form***

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 299C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature _____ Date _____

Print Name _____ Title _____