



City of Brooklyn Park

Community Development Department Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443 / Phone: 763 493 8182 / Fax 763 493 8171

Application for Rental License

www.brooklynpark.org

7/13

GOVERNMENT DATA PRACTICES ACT - TENNESSON WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

The following information is required without exception. Applications may take up to 10 days for processing.

- New License _____ Renewal _____ **PLEASE NOTE: On renewals, if the rental unit has not received a compliance certificate from the housing inspector you will be unable to renew the license until the inspection has been completed.**
- Completed application / License Fee / Conversion Fee- \$500.00 (if applicable)
- Properties that are converted to a rental property are subject to a \$500 conversion fee
- All leases must be written and must contain the Crime Free Housing Addendum. Initial here _____
- By signing the applicant certifies that the Crime Free Addendum is included in the lease. Initial here _____
- You must attend the Crime Free Housing Seminar within 9 months include certificate if already completed. Initial here _____
- Minnesota Tax Identification Number or Social Security Number.
- Rental licenses are renewed annually (October 1st – September 30th), you must have a completed certificate of compliance for renewal. Initial here _____
- License fees are not transferable, refundable or pro-rated
- Late fees on renewals (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

Property Owner: _____ Phone: _____

Owner's Mailing Address: _____
Street City State Zip Code

Email address: _____

The owner hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for a rental license subject to the laws of the State of Minnesota and the City of Brooklyn Park.

Type of dwelling to be licensed: _____ Duplex (one side/\$150) _____ Single Family, Townhome, Condo (\$150)
_____ Duplex (two sides/\$300) _____ Small Apartment (4-15 units/\$180)

Have you had a rental license suspended or revoked within the last ten years? Yes _____ No _____

List Rental Property Addresses Separately:

Address: _____ # of Units _____ # of Bedrooms _____

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If the owner does not live within 50 miles of the rental unit, a local operator/agent must be designated as the property manager.

Name of Property Manager: _____ Phone: _____

Address of Property Manager (if different from owner): _____
Street City State Zip Code

By signing below the applicant certifies that all leases are in writing and all leases contain the Crime Free Housing Addendum.

Applicant Signature: _____ Date: _____

CITY USE ONLY: Approvals: Rental Licensing _____ APPROVED: { } YES { } NO

SIGNATURE: _____ DATE: _____

**MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number or EIN number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

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 MSS Chapter 176. 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 and/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.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

I am not required to have workers' compensation liability coverage because: <input type="checkbox"/> I have no employees. <input type="checkbox"/> I am self-insured (include permit to self-insure). <input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)
Policy Number
Dates of Coverage

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.	
Signature	Date

LEASE ADDENDUM FOR CRIME-FREE/DRUG-FREE HOUSING

Per our policy and Police recommendations, the following agreement shall apply for consideration of lease execution or renewal.

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

- 1. Resident, any members of the resident's household or a guest or other person under the resident's control shall not engage in illegal activity, including drug-related illegal activity, on or near the said premises. "Drug-related illegal activity" means the illegal manufacture, sale, distribution, purchase, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 or the Controlled Substance Act [21 U.S.C. 802]) or possession of drug paraphernalia.
- 2. Resident, any member of the resident's household or a guest or other person under the resident's control shall not engage in any act intended to facilitate illegal activity, including drug-related illegal activity, on or near the said premises.
- 3. Resident or members of the household will not permit the dwelling to be used for, or to facilitate illegal activity, including drug-related illegal activity, regardless or whether the individual engaging in such activity is a member of the household.
- 4. Resident or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any locations, whether on or near the dwelling unit premises or otherwise.
- 5. Resident, any member of the resident's household, or a guest or other person under the resident's control shall not engage in acts of violence or threats of violence, including but not limited to the unlawful discharge of firearms, prostitution, criminal street gang activity, intimidation, or any other breach of the rental agreement that otherwise jeopardizes the health, safety or welfare of the landlord, his agents or tenants.
- 6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this added addendum shall be deemed a serious violation and material non-compliance with the lease.

It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by the preponderance of the evidence.

- 7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.
- 8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

This addendum is not intended to offend or imply criminal involvement and shall apply to all applicants.

RESIDENT SIGNATURE DATE MANAGEMENT SIGNATURE DATE
RESIDENT SIGNATURE DATE PROPERTY NAME

Resident(s) acknowledge receipt of this addendum by signature of this document.