



Rental License Application

Community Development Department

Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8182 / Fax: (763) 493-8171

RENTAL / SMALL APARTMENT

- Single Family
- Duplex
- Small Apartment

LICENSING PERIOD: October 1 – September 30

CONVERSION FEE: \$750 (if applicable)

NEW LICENSE FEE: Rental - \$150
Small Apartment \$200 + \$25 per unit

RENEWAL FEES ARE BASED ON THE NUMBER OF INSPECTIONS PERFORMED:

- 1-2 Inspections \$150
- 3 Inspections \$200
- 4 Inspections \$300
- 5 Inspections \$500
- 6+ Inspections \$1000

- Small Apartment \$200 + \$25 per unit

MN CRIME FREE HOUSING CERTIFICATION MUST BE COMPLETED WITHIN 1 YEAR OF APPLICATION.

LICENSE FEES ARE NOT PRO-RATED, TRANSFERRED OR REFUNDED

1. The application must be completed in full by the applicant and filed with the Licensing Dept.
2. To complete the application the following must be submitted...
 - a. Completed application
 - b. Minnesota Worker's Compensation Form
 - c. Minnesota Tax ID Form
 - d. License Fee
 - e. Conversion Fee (if applicable)
3. Additional Information...
 - a. The license must be posted permanently & conspicuously at the rental property.
 - b. Please report all changes in the ownership or management within 30 days to the Licensing Department.
 - c. Properties that are converted to a licensed rental property are subject to a \$750 Conversion Fee.
 - d. Owners of properties in neighborhoods with homeowners associations must check with the association board regarding any rules, regulations or covenants related to rental properties.

RENEWALS ONLY: If Certificate of Compliance form and fee is not submitted by expiration date, late fees will apply.

- 1-15 days late = \$50% of license fee
- 16+ days late = \$100 % of license fee

PLEASE NOTE: On Renewals, if the rental unit(s) has not received a Compliance Certificate from the housing inspector, you will be unable to renew the license until the inspection has been completed.

For questions, please contact Business Licensing

CITY USE ONLY: Approved _____

Fee _____

License # _____



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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. All applications are subject to a minimum 10-day approval period.

- Properties that are converted to a rental property are subject to a \$750 conversion fee
- All leases must be must contain a Crime Free Housing Addendum (attached). Initial here _____
- Must attend the MN Crime Free Housing Seminar within 1 year or owner will be subject to administrative fees. Initial here _____
- Attach MN Crime Free Certificate if you have already completed the course.
- 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: _____

Date of Birth: _____ State ID/Driver's License #: _____

Owner's Mailing Address: _____
(NO P.O. Boxes) Street City State Zip Code

Email address: _____ Emergency Phone: _____

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)
 - Duplex (two sides/\$300)
 - Single Family, Townhome, Condo (\$150)
 - Small Apartment (4-15 units/\$200 + \$25 per unit)

List Rental Property Addresses Separately:

Address: _____ # of Units _____ # of Bedrooms _____

Address: _____ # of Units _____ # of Bedrooms _____

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

Property Manager/Company: _____ Phone: _____

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

Property Manager Email address: _____

By checking this box, all information regarding your rental property will be sent to your property manager

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

Applicant Signature: _____ Date: _____

If paying by credit card, please complete the information below:

Payment: Visa MasterCard Discover Card Number: _____

Expiration Date: _____ Security Code (three digit number on back of card): _____

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: <ul style="list-style-type: none"><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).
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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.



Craig Enevoldsen, Chief of Police

POLICE DEPARTMENT

5400 85th Ave. N., Brooklyn Park, MN 55443-1898 • Phone 763-493-8222 • Fax 763-493-8393

TDD 763-493-8066

Dear Rental License Holder,

Congratulations on becoming a rental property owner. The City of Brooklyn Park and the Police Department share your goal of providing safe and affordable rental housing in the city. To assist with this important service we have developed a Rental Property Ordinance and require attendance at a one day Crime Free Housing Training.

The Rental Property Ordinance can be found at www.brooklynpark.org in Chapter 117.40 of the City Code. The **mandatory one day Crime Free Housing Training** class is offered quarterly and must be attended by you, the license holder, or your designated operator. This training must be attended within 1 year or you will be subject to an administrative fine. *Please note that if you or your property manager has already completed this training, you can send in a copy of your certificate to **Kimberly Czapar by email** and you will not need to attend again.*

At the training, you will learn the latest and best business practices related to operating rental properties and about the Brooklyn Park Rental Property Ordinance. Guest speakers cover topics such as rental screening, evictions, combating drug activity, fair housing, and more.

There is a fee of **\$30.00** to attend this training. The fee helps cover the cost of the materials, lunch, morning and afternoon refreshments, and speakers. Please complete the registration form and return it with a \$30 check made out to the **City of Brooklyn Park**. *Cancellation policy: No refunds are offered; however, if your cancellation is received at least 24 hours in advance the \$30 fee may be applied to a future Brooklyn Park training.*

The Crime Free Housing Training will be held at Brooklyn Park Police Department. The trainings will run from 8:00 a.m. – 4:30 p.m. If you are late you may be turned away.

Please note that this is your only reminder of this ordinance requirement. It is your responsibility to take care of this requirement within ONE year of receiving your rental license or you will be subject to an administrative fine.

If you have any questions, please contact me at Kimberly.czapar@brooklynpark.org or by phone at 763-493- 8209.

Sincerely,

Kimberly Czapar
Crime Prevention Specialist
Brooklyn Park Police

Brooklyn Park Crime Free Housing Training Registration Form

The training and landlord guide provided by your local police department is intended to foster healthy and safe neighborhoods through landlord involvement to reduce drug dealing and other illegal activity in the community. The manual and training should not be regarded as legal advice or considered a replacement for the landlord's responsibility to be familiar with the law. In this regard, I release the police department and its employees from all liability and responsibility from my participation in this training program.

Signature Date

Please Print

Name of Rental License Holder _____

Name of Person Attending _____ (Please print your name the way you would like it to appear on your certificate.)

Email Address _____

Phone Number _____

Rental Property Address(es): _____

(please use additional sheets as necessary)

Scheduled Training Dates (Please check one) -trainings are hosted quarterly

- Wednesday, February 10, 2016 8:00 am-4:30 pm, Brooklyn Park Police Department Training Room, 5400 85th Ave. N., Brooklyn Park
- Tuesday, May 10, 2016 8:00 am-4:30 pm, Brooklyn Park Police Department Training Room, 5400 85th Ave. N., Brooklyn Park
- Wednesday, September 28, 2016 8:00 am-4:30 pm, Brooklyn Park Police Department Training Room, 5400 85th Ave. N., Brooklyn Park
- Wednesday, December 7, 2016 8:00 am-4:30 pm, Brooklyn Park Police Department Training Room, 5400 85th Ave. N., Brooklyn Park

*****Send this completed form and \$30 check made out to the City of Brooklyn Park

Mail to: Brooklyn Park Police Department
c/o Kimberly Czapar 5400 85th Ave N
Brooklyn Park, MN 55443

Enrollment confirmations are sent out via email. Please print clearly.

No refunds are offered; the \$30 fee may be applied to a future BP training with a 24 hour cancellation notice.

If you have any questions, please contact Crime Prevention Specialist Kimberly Czapar at 763-493-8209 or Kimberly.czapar@brooklynpark.org