



Apartment License Application

Community Development Department

Rental & Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443

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

Apartment – 16+ Units

LICENSE PERIOD: July 1 to June 30

LICENSE FEE: \$25.00 per unit

- 1) The application must be completed in full by the applicant and filed with the Licensing Division.
- 2) To complete the application the following must be submitted:
 - Completed Application
 - Minnesota Worker's Compensation Form
 - Minnesota Tax ID Form
 - License Fee
- 3) Additional Information:
 - The license must be posted permanently and conspicuously at the apartment complex.
 - Owners are responsible for maintaining smoke detectors in each unit.
 - Please report all changes in ownership or management within 30 days.
 - License fees and licenses are not transferable or refundable.
- 4) Renewals Only – If application is not submitted by expiration date late fees apply
 - 1-15 days late = 50% of license fee
 - 16+ days late = 100% of license fee

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. All applications are subject to a 30-day approval period.

- Completed Application / License fee
- Minnesota Worker's Compensation Form
- Minnesota Tax Identification Number
- Apartment (16 + Units / 1 year license / July 1st – June 30th)
- License fees are not transferable or refundable
- Late fees (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

Name of Apartment Complex: _____ # of Buildings _____ # of Units _____

Property Owner: _____ Phone: _____

Owner's Address: _____

Street City State Zip Code
Email: _____ Emergency Phone: _____

Business Contact: _____ Contact Phone: _____

List Apartment Building Addresses Separately:

Address: _____ # of Units _____ # of Bedrooms _____

Address: _____ # of Units _____ # of Bedrooms _____

Name of Property Company: _____ Phone: _____

Name of Property Manager: _____ Phone: _____

Address of Property Company: _____
Street City State Zip Code

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

Property Manager Email: _____

The owner hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for an apartment license subject to the laws of the State of Minnesota and the City of Brooklyn Park. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant Signature: _____ **Date:** _____

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

Payment: Check 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 | |
| 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). |
|--|

| | |
|---|------|
| 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 |