



City Use Only: Approved \_\_\_\_\_  
 Fee \$ \_\_\_\_\_  
 License # \_\_\_\_\_

**Lodging License Application**  
**Community Development Department**  
**Code Enforcement & Public Health Division**  
 5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443  
 Phone: (763) 493-8070 / Fax: (763) 493-8391

**GOVERNMENT DATA PRACTICES ACT – TENNESSEN 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 10-day approval period.**
- License period January 1<sup>st</sup> – December 31<sup>st</sup>
  - Completed application / License Fee: \$170.00 + \$5.00 per unit / maximum \$1,300.00
  - For group homes and similar – total number of occupants per dwelling unit? \_\_\_\_\_
  - Will food be served at this location? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Is worker's compensation coverage required? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Minnesota Tax Identification Number
  - License fees are not transferable or refundable
  - Late fees (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

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

Business /Owner Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City Zip Code

**Total number of sleeping units to be licensed?** \_\_\_\_\_ x \$5.00= \_\_\_\_\_ plus \$170 base fee; **TOTAL FEE**= \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Onsite Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Onsite Manager: \_\_\_\_\_ Manager Phone #: \_\_\_\_\_

Owner: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Owner Email: \_\_\_\_\_

Is this a partnership?  Yes  No Is this a corporation?  Yes  No

**If yes, attach a list of the names, addresses, and percent of interest of each.**

If this is not a corporation or partnership, is this a:  an individual  other (please specify): \_\_\_\_\_

*Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. 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's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make checks payable to City of Brooklyn Park or for credit card payments, complete the information below:

Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Cash Card Number: _____ Security Code (three digit number on back of card) _____ Expiration Date: _____ 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: <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 <b>(NOT the insurance agent)</b>
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