



# Rental License Application

Community Development Department

Rental & Business Licensing Division

5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443

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

Email: BPLICENSE@BrooklynPark.Org

## LICENSE CHECKLIST

Please return the following with payment:

- Rental License Application (Pages 1-2)
- Minnesota Department of Revenue Form (Page 3)
- Minnesota Workers' Compensation Law Form (Page 4)

**License Fee.** For new applications, license fees are prorated on a quarterly basis based on when the license application is submitted. Licenses are not transferrable or refundable. All rental licenses expire September 30<sup>th</sup>.

Single family license fees prorated quarterly:

September*-December	January-March	April-June	July-August
\$150.00	\$112.50	\$75.00	\$37.50

\*Applications received in September will be charged \$150.00 and will be valid for the following licensing period.

**Small Apartments- (4-15 Units)** \$200.00 fee + \$25.00 per unit.

**Conversion Fee** (if applicable). When properties are converted from owner-occupied to a licensed rental, they are subject to a \$750.00 conversion fee.

**Rental Inspection.** A rental inspection will be scheduled following an issued license. The cost of the initial inspection and a follow-up inspection are covered by the license fee. If your rental property requires more than two inspections, additional fees will be assessed at a rate of **\$100 for each additional inspection.**

**Crime Free Housing Training.** You must complete a training within one year of an issued license. You are required to supply proof of certificate to the Rental & Business Licensing Division in that time frame or you will be subject to an administrative fine. Trainings are available online at <http://www.mncpa.net/training-events>; or with the Brooklyn Park Police Department by submitting your Brooklyn Park Crime Free Housing Training Registration Form along with a payment to:

Brooklyn Park Police Department  
C/O Kimberly Czapar  
5400 85<sup>th</sup> Ave N  
Brooklyn Park, MN 55443

If you have any questions regarding Crime Free Housing Training, please contact Kimberly Czapar at [Kimberly.Czapar@BrooklynPark.org](mailto:Kimberly.Czapar@BrooklynPark.org) or by phone at 763-493-8209.

**Crime Free and Drug-Free Lease Addendum.** This rental agreement between the landlord and tenant is for your reference only. Please do not submit it to the Rental & Business Licensing Division. All leases must contain a Crime Free and Drug-Free Lease Addendum (*attached*).



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### 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.

### INFORMATION

- Rental licenses are renewed annually, and a renewal payment must be submitted by September 30<sup>th</sup>. Late fees will be assessed (1-15 days late = \$75.00 / 16+ days late = \$150.00).
- It is the responsibility of the property owner to report changes in ownership, management or contact information to the Rental & Business Licensing Division within 30 days of its change(s).
- Owners of properties in neighborhoods with homeowner associations must check with their association board regarding by-laws, regulations or covenants related to rental properties.

**RENTAL LICENSING PERIOD IS FROM OCTOBER 1<sup>ST</sup> TO SEPTEMBER 30<sup>TH</sup>**

### REQUIREMENTS

- Completed Application. **All applications are subject to a 10-business day approval period.**
- \$150.00** License Fee and **\$750.00** Conversion Fee (if applicable). For new rental license applications, license fees are prorated on a quarterly basis.

PLEASE SELECT ONE  
BASED ON LICENSE  
START DATE:

September-December <input type="checkbox"/> \$150.00	January-March <input type="checkbox"/> \$112.50	April-June <input type="checkbox"/> \$75.00	July-August <input type="checkbox"/> \$37.50
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\*\*License fees are not transferable [due to a change of ownership] or refundable.

- Attend a Crime Free Housing Training within one year of an issued license.
- Each property owner will be issued a license from the Rental & Business Licensing Division which expires September 30<sup>th</sup> regardless of the issued date.

### RENTAL PROPERTY INFORMATION

#### Address

PLEASE SELECT ONE:  SINGLE FAMILY (INCLUDING TOWNHOME & CONDO) - \$150.00  DUPLEX - \$150.00/PER SIDE # of Units # of Sleeping Units/Beds

SMALL APARTMENT- \$200.00 PLUS \$25.00 PER UNIT (4-15 UNITS/APARTMENTS)

#### Address

PLEASE SELECT ONE:  SINGLE FAMILY (i.e. TOWNHOME or CONDO) - \$150.00  DUPLEX - \$150.00/PER SIDE # of Units # of Sleeping Units/Beds

SMALL APARTMENT- \$200.00 PLUS \$25.00 PER UNIT (4-15 UNITS)

### PROPERTY OWNER INFORMATION

Type of Ownership PLEASE SELECT ONE:  Individual  Partnership  Corporation (LLC, LP, LTD, etc.)

Business Name (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Last Name

First Name

Middle Name

Mailing Address \_\_\_\_\_

(NO P.O. BOXES)

Street

City

State

Zip Code

Date of Birth \_\_\_\_\_

(MM/DD/YYYY)

Driver's License Number/State ID \_\_\_\_\_

Phone Number

Ext.

Alternate Phone Number

Ext.

Email Address \_\_\_\_\_ Business Website \_\_\_\_\_

**\*I certify that as the owner/designee of the property I am submitting a rental license for, there are not any restrictions under homeowner's association by-laws or financial obligations/loans that would prohibit the property from being considered a rental/investment property. \_\_\_\_\_ INITIALS**

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

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(MM/DD/YYYY)

## Property Manager Information (If Applicable)

### PROPERTY MANAGER INFORMATION

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

**Company Name** (if applicable) \_\_\_\_\_

**Manager's Name** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

Street City State Zip Code  
**Phone Number** [ ] **Ext.** [ ] **Alternate Phone Number** [ ] **Ext.** [ ]

If you would like all information and notifications regarding your rental property to be sent to the property manager instead, PLEASE SELECT ONE:  Yes  No

-----  
The section below will be discarded after a one-time payment has been processed.

### CREDIT CARD INFORMATION

**Card Type** PLEASE SELECT ONE:  Discover  MasterCard  Visa \*American Express not accepted.  
**Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Security Code** [ ]  
(MM/YY) (LOCATED ON THE BACK OF THE CARD)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(MM/DD/YYYY)



# Certificate of Compliance

## Minnesota Department of Revenue

### INFORMATION

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.**

### REQUIREMENTS

- You must complete section A **OR** B below.
- Social Security Number (if an individual) **OR** Minnesota/Federal Tax ID Number (if a business).

#### SECTION A – Complete this portion if you are an individual:

**Full Legal Name**

\_\_\_\_\_ Last Name First Name Middle Name Maiden Name (if applicable)

Other names you have used and/or are also known as: \_\_\_\_\_

**Home Address**

\_\_\_\_\_ Street City State Zip Code

**Social Security Number**

  
(123 - 45 - 6789)

**Position**

PLEASE SELECT ONE:  Owner/Partner  Employee

**Applicant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_ (MM/DD/YYYY)

#### SECTION B – Complete this portion if you are a business:

**Business Name**

\_\_\_\_\_

**Business Address**

\_\_\_\_\_ Street City State Zip Code

**Minnesota Tax ID Number**

  
(1234567)

**Federal Tax ID Number**

  
(12 - 3456789)

**Applicant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_ (MM/DD/YYYY)



# Certificate of Compliance Minnesota Worker's Compensation Law

## INFORMATION

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.

## REQUIREMENTS

- You must complete section A **OR** B below.

### SECTION A – Complete this portion if you are exempted or self-insured:

**Full Legal Name** \_\_\_\_\_

Last Name

First Name

Middle Name

Maiden Name (if applicable)

**Home Address** \_\_\_\_\_

Street

City

State

Zip Code

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

PLEASE SELECT ONE:

I have no employees.

I am self-insured (include permit to self-insure).

I have employees, but they are not 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.*

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(MM/DD/YYYY)

### SECTION B – Complete this portion if you are insured:

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

Street

City

State

Zip Code

**Insurance Company Name** \_\_\_\_\_

**Insurance Policy Number** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

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

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(MM/DD/YYYY)



# Lease Addendum Crime Free and Drug-Free Housing

## AGREEMENT INFORMATION

THE FOLLOWING AGREEMENT SHALL APPLY FOR CONSIDERATION OF LEASE EXECUTION OR RENEWAL PER OUR ORDINANCE AND POLICE RECOMMENDATIONS.

**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) VIOLATIONS 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’S PRINTED NAME	RESIDENT’S SIGNATURE	DATE
RESIDENT’S PRINTED NAME	RESIDENT’S SIGNATURE	DATE
PROPERTY OWNER’S PRINTED NAME	OWNER’S SIGNATURE	DATE
PROPERTY LOCATION		

Craig Enevoldsen, Chief of Police

## POLICE DEPARTMENT

5400 85<sup>th</sup> 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](http://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 **\$35.00** 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 \$35 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 \$35 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](mailto: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)

## **Currently Scheduled Training Dates:**

Due to COVID-19 restrictions, classes are unable to be held at this time.

Please check back at a later date for updated classes offered.

Class location: Brooklyn Park City Hall in the Council Chambers - 5200 85<sup>th</sup> Avenue North, Brooklyn Park

**Additional dates will be posted on our city's website at: [www.brooklynpark.org/renting](http://www.brooklynpark.org/renting)**

Check back at the website above regularly to see the next available classes. We will usually host one class at the beginning of the year and two class options in the fall/winter.

Other cities offer the same class and they count toward this training requirement. You can find their training dates at [www.mncpa.net](http://www.mncpa.net) under their Crime Free Multi-Housing information. Any questions please ask Kimberly at 763-493-8209.

**\*\*\*\*Send this signed and completed form along with a \$35 check made out to the City of Brooklyn Park**

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

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

No refunds are offered; the \$35 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](mailto:Kimberly.czapar@brooklynpark.org)**