

2024 Parking facility license

Enclosed Parking Facility • Multi Level • Combination Multilevel/Enclosed

Enclosed is the 2024 parking facility license application. Payment is due at the same time the application is submitted. Checks should be payable to the "City of St. Louis Park" or we accept Visa, MasterCard, Discover and American Express.

Renewal applications are required to be returned before Jan. 1, 2024. Any application postmarked after Jan. 1, 2024 will be subject to a late fee of either \$50 or 25 percent, whichever is greater.

*** Workers Compensation Form - Required**

The Minnesota Department of Labor and Industry requires all licensed businesses to complete and submit the attached "Certificate of Compliance" form providing evidence of compliance with the workers' compensation insurance coverage requirement under Minnesota Statutes Chapter 176. Please read, complete, and sign the enclosed form. This form is required with your application. If you have any questions regarding this policy, please contact the Minnesota Department of Labor and Industry at 651.284.5005 for details on how to complete this form. **Please note!** If your current policy expires during the duration of this license, you must resubmit this form or risk suspension of the license.

A current engineering report signed by a licensed structural engineer is required for a multilevel or combination multilevel/enclosed license in the city of St. Louis Park. Without this report, your license will not be issued!

Submission checklist

- ☐ Completed, signed, and dated 2024 parking facility license application
- ☐ Completed, signed, and dated workers' compensation form
- ☐ Proof of insurance providing \$1,000,000 in general liability insurance (Multilevel and Combination multilevel/enclosed only)
- ☐ Current engineering report signed by licensed structural engineer (Multilevel and Combination multilevel/enclosed only)
- ☐ Payment

Please return via one of the following methods:

- **Mail:** Mail application with check or ask that we call for credit card payment.
City of St. Louis Park
Attn: Building and Energy Dept.
5005 Minnetonka Blvd.
St. Louis Park, MN 55416
- **Email:** inspections@stlouisparkmn.gov. Do not include credit card information in an email; we will call for payment.
- **Fax (secured):** 952.924.2663. You may submit credit card information on a cover sheet, or we will call for payment.

Please contact the St. Louis Park Building and Energy Department at 952.924.2588 with any questions you may have regarding the parking facility license.

2024 Parking facility license application**Enclosed Parking Facility • Multi level • Combination Multilevel/Enclosed****Type of license**

- ☐ Enclosed parking facility — \$270
- ☐ Multilevel — \$215 (engineering report required, see below)
- ☐ Combination Multilevel/Enclosed parking facility -- \$485 (engineering report required, see below)

A current engineering report signed by a licensed structural engineer is required for a multilevel or combination multilevel/enclosed license in the city of St. Louis Park. Without this report, your license will not be issued!

Business information (Name and address of business located in St. Louis Park)

Business name: _____ Contact name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Corporate information (if different from above)

Corporate name: _____ Contact name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Federal tax ID number: _____ Minnesota State Tax ID number: _____

Social security number (if tax ID numbers are not available): _____

Fees paid

Business license fee: _____ Late fee (if applicable): _____

Some or all of the information that you are asked to provide on the application is classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the license may not be issued.

The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code.

Applicant signature: _____ Date: _____

Office use only:Total fee paid: _____ License number: _____ ☐ NEW ☐ WC ☐ INS ☐ ENG RPTCheck number: _____ Charge: ☐ Cash: ☐ Date issued: _____ Initials: _____

Zoning approval: _____ Building and Energy approval: _____



CC0515

E-mail: dli.license@state.mn.usWeb Site: www.dli.mn.gov

Phone: (651) 284-5034

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

| | | |
|---|---------------------------|----------------------------|
| License or certificate number (if applicable) | Business telephone number | Alternate telephone number |
|---|---------------------------|----------------------------|

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

| | | | |
|---|---------------|-------|----------|
| Business address (must be physical street address, no P.O. boxes) | City | State | ZIP code |
| County | Email address | | |

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

| | | |
|---------------|----------------|-----------------|
| Policy number | Effective date | Expiration date |
|---------------|----------------|-----------------|

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- ☐ I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

| | | |
|--------------------------------|-------|------|
| Applicant signature (required) | Title | Date |
|--------------------------------|-------|------|

If you have questions about completing this form or to request this form in Braille, large print or audio.