

Experience LIFE in the Park

2025 Designated outdoor dog area license

Enclosed is the 2025 designated outdoor dog area license application along with the city ordinance. 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, 2025, and any application postmarked after Jan. 1, 2025, 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.

Submission checklist

Completed, signed, and dated 2025 designated outdoor dog area license application
Completed, signed, and dated workers' compensation form
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:** <u>inspections@stlouisparkmn.gov.</u> 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 designated outdoor dog area license requirements or application.



Designated outdoor dog area license

City ordinance allows dogs to accompany persons patronizing designated outdoor areas of food and beverage establishments under Sec. 157.175 MN Statutes. A license for a designated outdoor dog area must be obtained from the city prior to allowing patron's dogs on the premises. A designated outdoor area means any area utilized for food or beverage service and consumption located on the licensed premises of a food or liquor establishment but shall not include any "indoor area" as that term is defined in Minnesota Statute Section 144.413.

Subd. 1a. **Indoor area.** "Indoor area" means all space between a floor and a ceiling that is bounded by walls, doorways, or window, whether open or closed, covering more than 50 percent of the combined surface area of the vertical planes constituting the perimeter of the area. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent. A 0.011 gauge window screen with an 18 by 16 mesh count is not a wall.

The following requirements must be clearly printed on a sign or signs posted on premises in a manner and place that are conspicuous to employees and patrons:

- (1) Employees must be prohibited from touching, petting, or otherwise handling dogs;
- (2) Employees and patrons must not allow dogs to come into contact with serving dishes, utensils, tableware, linens, paper products, or any other items involved in food service operations;
- (3) Patrons must keep their dogs on a leash at all times and must keep their dogs under reasonable control;
- (4) Dogs must not be allowed on chairs, tables, or other furnishings; and
- (5) Dog waste must be cleaned immediately, and the area sanitized.

Additionally, a clearly printed sign shall be posted within the entry of the establishment that indicates where dogs are allowed on the premises. Dogs shall enter and exit the designated outdoor dog area directly from the outdoors without passing through any portion of the building not approved as a designated outdoor dog area.



Experience LIFE in the Park

Designated outdoor dog area license application

License fee - \$75

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	Business Name:						
Business Phone:	Business Address:						
Primary Contact Name:	City:	State:	Zip cod	e:			
Primary Contact Address: Federal Tax ID number:	Business Phone:	Alternate:	Fax:				
Describe in detail the designated area in which dogs will be allowed – attach site plan and floor plan diagrams:	Primary Contact Name:	imary Contact Name: Email:					
Describe in detail the designated area in which dogs will be allowed – attach site plan and floor plan diagrams:	Primary Contact Address:						
Describe in detail the designated area in which dogs will be allowed – attach site plan and floor plan diagrams: Days/hours that patron's dogs will be permitted in the designated outdoor area: Some or all 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.							
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Applicant signature: Date:	Some or all 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: Check #: Charge: □ Cash: □ WC □ NEW □ License #: Date Issued: Initials:				WC □ NEW □			
Zoning approval: Building & Energy approval:							

Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North St. Paul, MN 55155

DEPARTMENT OF LABOR AND INDUSTRY

E-mail: <u>dli.license@state.mn.us</u>

Website: <u>www.dli.mn.gov</u> Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

Print in ink or type This

This form must be completed by the business license applicant.

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) State ZIP code City 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. 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.) 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.

Certificate of Compliance MN Workers' Compensation Law 8.1.2024