

## 2025 Non-owner occupied/Rental license

Thank you for being an integral part of the St. Louis Park business community. Enclosed is the 2025 annual rental license application.

**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.

### **\*\*Rental license training requirements**

Rental license training is mandatory for all owners or property managers every three years. The owner or property manager must have attended a residential rental training program offered by the City of St. Louis Park before any rental license is issued. A temporary license may be issued following payment of the regular license fee for six months to accommodate the training schedule.

To view upcoming training dates please refer to the Rental License Ordinance and Training page on our website: [www.stlouisparkmn.gov/property-owners](http://www.stlouisparkmn.gov/property-owners).

We request that the property owner provide either a local management company or local contact information at the time of application unless the property owner is residing locally and manages the property themselves. If there is a change in property management, the owner must contact the city with the updated information.

### **Submission checklist**

- Completed, signed, and dated 2025 rental license application.
- Completed, signed, and dated workers' compensation form.
- Payment
  - **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](mailto: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 rental license application.

## 2025 Non-owner occupied/Rental license

### Type of license

- One or two single-family homes— \$275/unit or \$305/duplex\*
- Townhome,  Condominium, or  Cooperative housing unit — \$175/unit
- Multi-family (three or more units) — \$400/building and \$30 per unit

\* If both units in a duplex are rented, this fee will apply. If only one unit is rented, the single unit fee will apply.

### Property owner information

Name and address of property owner, not the licensed rental property. Address cannot be a post office box.

Owner name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Fed Tax ID \_\_\_\_\_ State Tax ID \_\_\_\_\_

Social sec # if Tax ID's not available \_\_\_\_\_

### Management company/local contact \*Not the association unless they also manage the licensing.

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

### Rental Property address: (Use next page for multi-family)

\_\_\_\_\_ (Duplex only) 2<sup>nd</sup> house #: \_\_\_\_\_

### Verification of training

Please check one:

- I or a member of my management staff has attended rental license training within the last three years.
- This property is homesteaded by a relative and is exempted from the training program.
- I or a member of my staff will attend the City of St. Louis Park rental license training offered in 2025.

### Rental inspection acknowledgment

- I acknowledge it is my responsibility to permit access for city inspections every two years at a minimum.

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: \_\_\_\_\_

Business license fee: \_\_\_\_\_ Late fee (if applicable): \_\_\_\_\_

### Office use only:

Total fee paid: \_\_\_\_\_ Charge:  Cash:  Check number: \_\_\_\_\_  WC  Taxes  New

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ Initials: \_\_\_\_\_

**The below section is to be completed by multi-family applicants having 3 or more units:**

| Information on Evictions, Required  |
|---|
| Number of Evictions _____   |
| Reasons for Evictions (must match number of evictions):<br>Please indicate number of each:  |
| <ul style="list-style-type: none"> <li>• Breach of lease _____</li> <li>• Crimes/Drugs _____</li> <li>• Holding Over _____</li> <li>• Nonpayment of rent or other financial obligations _____</li> <li>• Other _____</li> </ul> |

| Current affordable rents at 60 percent AMI effective April 2024 |                |
|---|----------------|
| Number of bedrooms  | 60 percent AMI |
| Efficiency  | \$1,305        |
| One bedroom   | \$1,398        |
| Two bedrooms  | \$1,677        |
| Three bedrooms  | \$1,938        |
| Four bedrooms   | \$2,161        |

**Does your property include units rented that are affordable to households at or below 60 percent Area Median Income (AMI) based on the chart above?**

***Check "Yes" or "No" and list the number of affordable units next to your property information below.***

If 18 percent or more of the units in a property have affordable rents at or below 60 percent AMI, the property is considered a naturally occurring affordable housing (NOAH) property and is subject to the tenant protection ordinance.

| Name of multi-family property | Property address | # of buildings | # of units | Affordable units             |                             | # of affordable units |
|-------------------------------|------------------|----------------|------------|------------------------------|-----------------------------|-----------------------|
|                               |                  |                |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
|                               |                  |                |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
|                               |                  |                |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
|                               |                  |                |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
|                               |                  |                |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |
|                               |                  |                |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                       |

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov](http://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.)

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.