

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124

Visit our Web Site at www.stpaul.gov/dsi

Short-term Rental Host License Application

LICENSES ARE NOT TRANSFERRABLE

The following documents and fee must be included with this application. Applications submitted without fully completed, signed documents and required license fee will be not be accepted. An incomplete application will not be considered a placeholder for licenses where availability is limited per Section 65.641 of the Saint Paul Legislative Code.

Requirements:

Completed Application

Addendum to License Application

Workers' Compensation Form

Proof of Insurance (if not renting exclusively through Airbnb, VRBO and/or HomeAway)

License Payment: \$42.00 (if not provided via Addendum)

*For non-owner-occupied rentals, include:

Current Fire Certificate of Occupancy or Provisional Fire C of O Application

SHORT-TERM RENTAL PROPERTY INFORMATION								
Business Name if Applicable:								
:/Name		Apt. #						
	State	Zip Cod	e					
	×	r	<u> </u>					
Type of License being applied for: (circle one) Owner Occupied Non-owner Occupied								
one)								
Ouplex Triplex	4plex	Building 5 or m	ore units					
Check all platform(s) rental transactions will be conducted through: (Any platforms other than Airbnb, VRBO / HomeAway will require that you submit your own ACORD certificate or supply proof of platform's insurance coverage) \[\textsquare Airbnb \textsquare VRBO / HomeAway \textsquare Other: \]								
APPLICANT'S INFORMATION REQUIRED FOR THIS APPLICATION								
	orship LLC	Birth Date:	/ /					
Middle	Last Title							
		~ 7						
	ž	_						
Personal Phone: (E-Mail:								
	circle one) cupied One) Ouplex Triplex Ouplex Triplex Outle own ACORD certificate VRBO / HomeAway FORMATION REQUIFIED Partnership Sole Propriete Middle	State Circle one) Supied Non-owner Occup Ouplex Triplex 4plex As will be conducted through: (Any platforms of our own ACORD certificate or supply proof of VRBO / HomeAway	State Zip Cod Circle one) Supied Non-owner Occupied Duplex Triplex 4plex Building 5 or m as will be conducted through: (Any platforms other than Airbnb, V Your own ACORD certificate or supply proof of platform's insurance WRBO / HomeAway Other: FORMATION REQUIRED FOR THIS APPLICATION Partnership Sole Proprietorship LLC Birth Date: Middle Last Title City State Zip					

SUPPLEMENTAL LICENSE INFORMATION

SUPPLEMENTAL LICENSE INFORMATION Please include any additional person(s) to appear on business license with their required information below.								
Local	Contact/ Other Perso	on(s):	Circle Type:	Shareholder	Officer	Partner	Busine	ss Manager
Name	First			Middle		Last		Title
Home	Address:	troot Nur	mber/Name			City	State	
						City	State	Zip
Phone	:()		E-M	[ail:				
AFFIDAVIT OF COMPLIANCE – SPLC 379.07 (A) REQUIRES ANY SHORT-TERM RENTAL HOST COMPLY WITH A NUMBER OF GENERAL PROVISIONS INCLUDING THE FOLLOWING: • I certify or declare under penalty of perjury under the laws of the State of Minnesota, that the following is true and correct. I understand all information provided is subject to verification. • I will maintain liability insurance of no less than \$300,000 dollars throughout the duration of the license or I will conduct each short-term rental transaction through a short-term rental platform that provides equal or greater coverage. • I have submitted a Provisional Fire Certificate of Occupancy Application or the current Fire C of O (Non-owner occupied license only) • I will ensure that the following information is posted in a conspicuous location in the dwelling unit: address, emergency contact information, responsible parties contact information, City of Saint Paul's concerns/complaint contact information, floor plan showing emergency/escape routes and maximum occupancy limits. • I will ensure that the licensed dwelling unit has a working smoke detector and carbon monoxide alarm(s) in every bedroom and on all habitable floors. • I will ensure that the licensed dwelling unit has a properly maintained and charged fire extinguisher. • I will ensure that the licensed dwelling unit complies with all City codes, State statutes and Federal laws. • I agree to remit all local, state and federal taxes unless the short-term rental platform remits these on my behalf. • I agree to keep a Short-term rental registry for the licensed dwelling unit which includes the number of nights booked and the amount of rent payed by each guest. • I agree to provide the Department of Safety and Inspection with accurate information regarding the name and contact information for a Responsible Party. I understand that this Responsible Party must be available if I am outside of the 16 county metro area of Anoka, Carver, Chisago; Dakota, Goodhue, Hennepin, Isanti, Lesuer, Mcleod, Ramsey, R								
I,								
I hereb to the loan, g unders	LSIFICATION OF ANS by state that I have answered the state of my knowledge a sift, contribution, or other tand this premise may be peration.	vered al and beli erwise,	Il of the precedi lef. I hereby star other than alrea	ng questions and te further that I ha ady disclosed in t	that the information that the	mation contains on the money or the which I here	ined herein i other conside ewith submit	s true and correct eration, by way of tted. I also
Applic	ant Signature (Required)			Title			Date	



Signature (REQUIRED for all applications)

ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL

Department of Safety & Inspections 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 (651) 266-8989 Fax (651) 266-9124 www.stpaul.gov/dsi

Date

		Pleas	e Type or Print	In Ink						
Licensee's Nar	ne:									
DBA:										
Business Phone	e:		Prefe	rred Phone	»:					
TAX IDENTIFICATI Minnesota Statutes section may provide one of the for Number (FEIN), or a So	n 270C.7 Ilowing	72 requires licens three identification	on types: a N							
This data will be provided issuance or renewal of yo Refusal to provide a tax is Information Agreement, to	ur licens dentifica	e in the event you tion number will	u owe Minne result in den	esota sales, iial of your	employer's license app	withholding or n lication. Under th	notor vehicle e Federal E	e excise xchange	taxes.	
More information can be	obtained	from the Minnes	sota Departn	nent of Reve	enue at 651	-296-6181 or <u>ww</u>	w.revenue.s	state.mn.	<u>us</u> .	
Tax Identification Num	ıber:				<u>Ci</u>	rcle Type: MN	Tax Id / FE	EIN / SS	N	
PAYMENT INFORM You must pay all applical will be used to process you information with other in	ole fees b our paym	pefore your licens ent, either by the	City or a thi	ird-party ser	vice provid	ler. The City will	not share n			
CREDIT CARD PAY	MENT	, ,	<u>, </u>				1			1
☐ American Express ☐ Di		Expiration Month/Year				Security Code	7			
☐ MasterCard ☐ V Enter Account	isa T	▶ ►				▶ ►			<u></u>	
Number ►										
Signature of Cardholder (required	l for all charges):				•			
If paying by credit care If paying by ch										 24.
<u>A</u>	NY FAI	SIFICATIONS WILL RESU					<u>IITTED</u>			
I have read and under	stand t	his document	and provid	led compl	ete, corre	ct, and truthfu	l informat	ion as r	request	ted.

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name	e used)	LICENSE OR P	ERMIT NO (if applicable)					
DBA (doing business as name) (if applicable)								
BUSINESS ADDRESS (PO Box must include street address) CITY STATE ZIP CODE								
YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.								
NUMBER 1 COMPLETE THIS PORTION IF YOU	ARE INSURE	D:						
INSURANCE COMPANY NAME (not the insurance agent)								
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFE	CTIVE DATE	EXPIRATION DATE					
NUMBER 2 COMPLETE THIS PORTION IF SELF	-INSURED:							
I have attached a copy of the permit to self-insure.								
NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:								
I am not required to have workers' compensation insurance coverage because:								
I have no employees.								
I have employees but they are not covered by the Workers' Compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:								
excluded employees.) Explain why your employees are no	t covered							
Other:								
ALL APPLICANTS COMPLETE THIS PORTION: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.								
APPLICANT SIGNATURE (mandatory)	TITLE		DATE					

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

MN LIC 04 (11/08)