



# 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 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: **\$45.00** (if not provided via Addendum)

\*For non-owner-occupied rentals, include:

- Current Fire Certificate of Occupancy or Provisional Fire Certificate of Occupancy Application

## Short-term Rental Property Information

Business name, if applicable:

Address:

Type of license being applied for: (select one)

Owner occupied

Non-owner occupied

Select property description:

Single family home

Duplex

Triplex

4plex

Building with 5 or more units

Check all platforms rental transactions will be conducted through:

Airbnb

VRBO or HomeAway

Other:

(Any platforms other than Airbnb, VRBO, or HomeAway will require that you submit your own ACORD certificate or supply proof of platform's insurance coverage.)



- 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 paid 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, Le Suer, Mcleod, Ramsey, Rice, Scott, Sherburne, Sibley, Washington or Wright)
- **If I am a renter** — I hereby certify that I have the consent of the property owner to utilize this property as a Short-term rental.

I, \_\_\_\_\_ hereby attest that the above information has been completed, is true and correct to the best of my knowledge. I understand that I am required to ensure continued compliance with these short-term rental provisions. I understand that the City of Saint Paul is authorized to suspend or revoke a permit or license issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any City ordinance or State statute.

**Falsification of answers given or material submitted will result in denial of application**

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Applicant signature (required)

Title

Date



**SAINT PAUL**  
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124  
Visit our Web Site at: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**ADDENDUM TO  
LICENSE APPLICATION**

**CONTAINS NON-PUBLIC DATA**

The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

**Please type or print in ink.**

Licensee's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

**TAX IDENTIFICATION NUMBER**

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and 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. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

Tax Identification Number: \_\_\_\_\_

Select type:            MN Tax ID            FEIN            SSN

**PAYMENT INFORMATION**

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, by the City and/or a third-party service provider.

If you are paying for your permit by *American Express, Discover, MasterCard or Visa*, please carefully fill in the form below, including your signature. You may fax your entire application to our office at: 651-266-9124.

If paying by check, please mail the application and payment to us at: 375 Jackson Street, Suite 220, St. Paul, MN 55101.

Zip Code:					Signature:												
<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	EXP (MM/YY)						Verification code (CVV2)							
Account Number:																	

**Note: A 2.49% service fee will be charged for all credit/debit card transactions.**

# 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 used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**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 HAVE INSURANCE:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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## 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:
- 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
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**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.