

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: **\$41.00** (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:									
Address:Street N									
Street N	umber/Name					Apt. #			
Cit	y		State			Zip Code			
Type of License being applied for: (circle one)									
Owner	Owner Occupied Non-owner Occupied								
Circle property description: (cir	cle one)								
Single family home	Duplex	Triplex	41	plex	Building	5 or more 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 <u>ACORD certificate</u> or supply proof of platform's insurance coverage) \[\textsquare Airbnb \textsquare VRBO / HomeAway \textsquare Other: \textsquare \textsquare Other: \textsquare \textsquare Other: \textsquare Oth									
APPLICANT'S INFORMATION REQUIRED FOR THIS APPLICATION									
If Business: (circle one) Corporation Applicant Name:	•	•	orship L	LC	Birth 1	Date://			
Applicant Name: (Responsible Party) First	Midd	le	Last	Title		- 			
Address: Street Number	/N.T.		C''		G				
			City		State	Zip			
Personal Phone: ()		E-Maii:							
Preferred Mailing Address:									
(if different from company address)	Street Number/N	Name	C	ity	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 Person	n(s): Circle Type:	Shareholder	Officer	Partner	Busine	ss Manager	
Name	First		Middle		Last		Title	
Home	Address:	eet Number/Name			City	State	Zip	
					City	State	Σīρ	
Phone	::()	E-N	Iail:					
 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 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, Rice, Scott, Sherburne, Sibley, Washington o								
I,								
I hereb to the loan, g unders	LSIFICATION OF ANSV by state that I have answer best of my knowledge and gift, contribution, or other stand this premise may be speration.	ered all of the preced ad belief. I hereby starwise, other than alre	ing questions and ate further that I ha eady disclosed in t	that the inform tive received notes that the second the	nation contain o money or o which I here	ined herein in the consider with submit	s true and correct eration, by way of ted. 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

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Li	icensee's Name	e:										
	BA:								-			
	usiness Addres								-			
В	usiness Phone:			Pref	erred Pho	ne:			-			
Minnesota may provid	Statutes section le one of the foll	270C.7 owing t	2 requires licens hree identificati	on types: a								
issuance or Refusal to p Information	vill be provided to renewal of your provide a tax ide an Agreement, the mation can be of	license entificat Depar	e in the event you ion number will tment of Revenu	u owe Mini result in de ue may also	nesota sales enial of you supply this	s, employ r license s inform	yer's witle applicate ation to t	hholding or mo ion. Under the he Internal Rev	tor vehicle Federal Ex enue Serv	e excise t xchange vice.	taxes.	
Tax Identi	ification Numb	<u>er:</u>				_	Circle	Type: MN Ta	ax Id / FE	EIN / SS	<u> N</u>	
You must p will be used information	NT INFORM A bay all applicable d to process you n with other indi CARD PAYN	e fees b r payme viduals	efore your licensent, either by the	City or a t	hird-party s	ervice p	rovider.	The City will n	ot share no			
	Express Disc		Expiration Month/Year					Security Code				
Enter Account	rd Uisa	a 					-			_	 	
Number ►												
Signature of	Cardholder (re	quired	for all charges	s):								
1 0	by credit card, paying by chec					_		* *				24.
	AN	Y FAL	SIFICATIONS WILL RESU						<u>rted</u>			
I have rea	ad and unders	tand tł	nis document	and provi	ded com	olete, c	orrect, a	and truthful i	nformati	ion as r	equest	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.

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BUSINESS NAME (Individual name only if no company name us	sed) L	LICENSE OR PERMIT 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 INFORMATION. You must complete number 1, 2 or		D WITHOU	T THE FOLLOWING					
NUMBER 1 COMPLETE THIS PORTION IF YOU AR	E INSURED:	ı						
INSURANCE COMPANY NAME (not the insurance agent)								
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECT	IVE DATE	EXPIRATION DATE					
NUMBER 2 COMPLETE THIS PORTION IF SELF-IN	ISURED:							
☐ I have attached a copy of the permit to self-insure.								
NUMBER 3 COMPLETE THIS PORTION IF EXEMPT	Γ:							
I am not required to have workers' compensation insurance of	coverage becau	se:						
☐ 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.								
	ITLE		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)