



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

Short Term Rental Host License Application

Additional Requirements:

- Proof of Insurance (if not renting exclusively through Airbnb, VRBO and/or HomeAway)
 - * 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 5 or more units

Check all platforms rental transactions will be conducted through:

Airbnb VRBO or HomeAway Other:

Applicant Information

Name/Responsible Party:

Home Address:

Mail to Address (if different from home address):

Primary Phone:

Alternative Phone:

Email Address:

Date of Birth:

Select one: Corporation Partnership Sole Proprietorship LLC

Supplemental license information

Local contact/other persons:

Select type:

Shareholder Home Officer Partner Business Manager

Home address:

Phone: Email:

Applicant Signature

Title

Date

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 Certificate of Occupancy
 - (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 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 also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

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

**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.

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)	
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 HAVE INSURANCE:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE 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:

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.