OFFICE USE Rental License Expiration Date_____

Ramsey Municipal Center
7550 Sunwood Drive NW
Ramsey, MN 55303
763-427-1410
www.cityoframseymn.gov

Rental Licensing Application Packet

Thank you for investing in Ramsey! The Rental Licensing and Inspections Program is designed to help you with the safety and upkeep of the property. This program is also appreciated by your tenants and your neighbors. City staff is to been seen as a resource to help with the success of your property. Please reach out if you have any questions with our program or this application packet.

Dana Verbeek, Rental Housing Inspector
763-433-9892 or dverbeek@cityoframseymn.gov

Kalia Lor, Planning Administrative Assistant
763-433-9824 or klor@cityoframseymn.gov

RENTAL PROPERTY ADDRESS

Address _____
Street/City/State/Zip

Apartment Building Name *(if applicable)* _____

License applications are due annually. Incomplete applications will not be accepted.
*This application form is for **one** single-family home, townhome unit, or apartment building only.*

Please ***return the completed*** application packet to the City of Ramsey, in person, by mail, or via email.

Attn: Rental Licensing
7550 Sunwood Drive NW
Ramsey, MN 55303

RentalLicensing@cityoframseymn.gov

Previous Rental Inspection Date_____

OFFICE USE ONLY

	Date Received
Application	
Fees & Signature	
Tax Identification	
Workers' Compensation	
Criminal Background	

	Date Received
Payment Type	
Laserfische	
License Number	
Inspection	
Emailed Rental License	

License applications are due annually. Incomplete applications will not be accepted.
This application form is for one single-family home, townhome unit, or apartment building only.

RENTAL PROPERTY ADDRESS

Address _____
Street/City/State/Zip

Apartment Building Name *(if applicable)* _____

Number of Apartment Buildings_____ Number of Apartment Units _____

OWNER INFORMATION *Attach a copy of state-issued identification (ID) card.*

Name_____ Date of Birth _____

Business Name _____

Address _____

Email _____ Primary Phone _____

PROPERTY MANAGER/CARETAKER INFORMATION *Required if the owner's office or residence is over 75 miles away from the rental property. Attach a copy of state-issued identification (ID) card.*

Name_____ Date of Birth _____

Company_____

Address _____

Email_____ Primary Phone _____

RENTAL LICENSE APPLICATION – FEES

Single-Family Home, Duplex/Twinhome, or Townhome	$200.00	$ _____
Short-Term Rental	$200.00	$ _____
Apartments — Number of Buildings _____	@ $600.00 per Building	$ _____
Plus Apartment Units — Number of units _____	@ $30.00 each	$ _____

Non-Refundable Fee Total $ _____

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either private or confidential by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice. The undersigned hereby applies for a rental dwelling license and acknowledges receipt of a copy of City Code Chapter 26, acknowledges the provisions of Rental Residential Dwelling Units Code have been reviewed; and attests the subject premises will be operated and maintained according to the requirements contained therein, subject to applicable sanctions and penalties The undersigned further agrees the subject premises will be inspected by the compliance official as provided in Chapter 26 of City Code. The undersigned hereby certifies that the information contained within this application is true and correct to the best of their knowledge:

Applicant Signature_____ Date_____

TAX IDENTIFICATION

Per Licensing of Rental Property Tax Identification Under Minnesota Law (M.S. 270C.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue the Social Security number of each license applicant (Section A) or your Minnesota business tax identification number (Section B). Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

RENTAL PROPERTY ADDRESS

Address _____
Street/City/State/Zip

SECTION A – Complete this portion if you are an individual owner/partner of the property.
Do not fill this section out if the property is owned by a business.

Owner #1

Name _____ Social Security Number _____
First/Middle/Last

Address _____

Signature _____

Owner #2

Name _____ Social Security Number _____
First/Middle/Last

Address _____

Signature _____

SECTION B – Complete this portion if the property is owned by a business entity.
Do not fill this section out if the property is owned by an individual person.

Business Name _____

Business Address _____

Minnesota Tax ID Number _____ Federal Tax ID Number _____

Authorized Signature _____

MINNESOTA STATUTE 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES. Subd. 4. Licensing authority; duties. All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

WORKERS' COMPENSATION

Minnesota Statute 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

RENTAL PROPERTY ADDRESS

Address _____
Street/City/State/Zip

SECTION A – Complete this portion if you are insured.

Insurance Company Name _____ Phone _____

Policy Number_____ Dates Of Coverage _____

Business Name _____

Business Address _____

SECTION B – Complete this portion if you are not insured. Check the appropriate box and sign below.

- ☐ I am self-insured (include permit to self-insure).
- ☐ I have no employees who are covered by the Workers' Compensation Law (these include: spouse, parents, children).
- ☐ I have no employees.

SIGNATURE

I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

SIGNATURE_____

MINNESOTA STATUTE 176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED. Every state or local licensing agency shall 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 section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of $2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

CRIMINAL BACKGROUND CHECK

Minnesota Bureau of Criminal Apprehension Computerized Criminal History Data Request

City Code Chapter 26 requires a criminal background investigation be conducted on the Property Manager/ Caretaker listed on the Rental License Application. Please submit Criminal Background Investigation forms and photo copies of driver's licenses/state identification cards for each property manager, caretaker, and any other non-tenant that has access to the rental unit.

The following information is necessary for the Police Department to properly identify the applicant for the required criminal background investigation. This information will be retained only by the Police Department, as required by law, and will not be included in any investigative report submitted to the City Council or representatives, and will not become a part of the public record or released to the public except as required by law.

RENTAL PROPERTY ADDRESS

Address _____
Street/City/State/Zip

REQUIRED INFORMATION

Attach copy of state-issued identification (ID) card. Duplicate this page as necessary for other associated people.

Name_____ Date of Birth _____

Association ☐ Property Manager/Caretaker ☐ Maintenance ☐ Other _____

Address _____ Phone Number _____

Have you ever been convicted of a crime (felony or gross misdemeanor)? ☐ Yes ☐ No

If Yes, please list the location, nature of the offense, and the disposition:

Signature _____

OFFICE USE ONLY

Recommendation By Ramsey Police Department: ☐ Recommend Approval ☐ Recommend Denial

Additional Comments

Police Staff Signature _____

Background Completed By _____ Date_____