



City of Osseo

415 Central Avenue

Osseo, MN 55369-1195

P 763.425.2624 F 763.425.1111

Single Family/Duplex/Townhome/Condo Rental License Information

Single Family/Duplex/Townhome/Condo Dwellings

LICENSE PERIOD: October 1 to September 30

LICENSE FEE: \$150.00/annual

CONVERSION FEE: \$750.00 onetime fee

LICENSE FEES ARE NOT PRO-RATED, TRANSFERRED OR REFUNDED

- 1) The application must be completed in full by the applicant and filed with the Licensing Division.
- 2) To complete the application the following must be submitted:
 - Completed Application
 - Minnesota Worker's Compensation Form
 - Minnesota Tax ID Form
 - License Fee
 - Conversion Fee
- 3) Additional Information:
 - The license must be posted permanently and conspicuously at the rental dwelling.
 - Please report all changes in ownership or management within 30 days.
 - License fees and licenses are not pro-rated, transferred or refunded.
 - Properties that are converted to a licensed rental property are subject to a \$750 conversion fee.
 - Owners of properties in neighborhoods with homeowners associations must check with the association board regarding any rules, regulations, or covenants related to rental properties.
- 4) If application and fee is not submitted by expiration date, late fees apply (1-15 days late = 50% of license fee 16+ days late = 100% of license fee).

Effective Jan. 12, 2016



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Single Family/Duplex/Townhome/Condo Rental License Application

GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

The following information is required. All applications are subject to a minimum 10-day approval period.

- New License
- Completed application / License Fee (Cash or Check)/ Conversion Fee- \$750.00 (if applicable)
- Properties that are converted to a licensed rental property are subject to a \$750 conversion fee
- Is worker's compensation coverage required? Yes No
- Minnesota Tax Identification Number or Social Security Number Required
- Rental (1 year/October 1st – September 30th)
- License fees are not transferable, refundable or pro-rated
- Late fees on renewals (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

Property Owner: _____ Phone: _____

Owner's Mailing Address: _____
Street City State Zip Code

Owner's Email address: _____

The owner hereby makes application to the City of Osseo, Hennepin County, Minnesota, for a rental license subject to the laws of the State of Minnesota and the City of Osseo.

Type of dwelling to be licensed: Duplex (one side/\$150) Single Family, Townhome, Condo (\$150)
 Duplex (two sides/\$300)

Have you had a rental license suspended or revoked within the last ten years? Yes No

List Rental Property Addresses Separately:

Address: _____ # of Units _____ # of Bedrooms _____

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If the owner does not live within 50 miles of the rental unit, a local operator/agent must be designated as the property manager.

Name of Property Manager: _____ Phone: _____

Address of Property Manager (if different from owner): _____
Street City State Zip Code

Email address of Property Manager: _____

Applicant Signature: _____ Date: _____

CITY USE ONLY:

APPROVED BY: _____ DATE RECEIVED: _____ Paid: { } YES { } NO Check number: _____

Any email address provided may be considered public data pursuant to data practices law and the City will comply with all applicable laws if the information is subject to a data request. Revised Jan. 12, 2016

MINNESOTA BUSINESS TAX IDENTIFICATION/ SOCIAL SECURITY NUMBER

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2(270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information 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;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Rental Property Address	
Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW COVERAGE

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

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.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

Rental Property Address:

I am not required to have workers' compensation liability coverage because: <ul style="list-style-type: none"> <input type="checkbox"/> I have no employees. <input type="checkbox"/> I am self-insured (include permit to self-insure). <input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).
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I certify that the information provided above is accurate and complete.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)
Policy Number
Dates of Coverage

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