



4141 Douglas Drive North  
 Crystal, MN 55422  
 Phone: (763) 531-1000 Fax: (763) 531-1188  
 Website: www.crystalmn.gov

## Application for Rental Dwelling License



<b>Building Address</b>	Zipcode: _____
<b>Bldg Name (if any)</b>	_____

**Each building must have a separate application.**

<b>Owner:*</b>  (Provide current mailing address)	Owner _____ Phone No. _____ Contact Person _____ Cell Phone: _____ Address _____ City _____ State _____ Zip _____ Email Address: _____
<b>Agent: **</b>  (if different from owner)	Company _____ Phone No. _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ Email Address: _____

Please indicate which is to be the **primary** contact :  Owner **or**  Agent

<b>Dwelling Type/Fee:</b>  <i>(Make checks payable to City of Crystal)</i>	<input type="checkbox"/> Single Family	<b>\$170 Flat Fee</b>
	<input type="checkbox"/> Duplex	<b>\$240 Flat Fee (unless one of the units is Owner Occupied, then fee is then \$170.)</b>
	<input type="checkbox"/> Triplex	<b>\$300 Flat Fee</b>
	<input type="checkbox"/> Four plexes	<b>\$360 Flat Fee</b>
	<input type="checkbox"/> Five or more units Number of Units _____	<b>TOTAL: \$360 Per Building Flat fee + \$12.00 per unit</b>

\* Owner name must match the "Taxpayer" shown on Hennepin County property tax records.

\*\* If the property owner does not reside in Hennepin, Ramsey, Anoka, Carver, Dakota, Scott or Washington County a Rental Dwelling License will not be issued or renewed unless the owner designates in writing the name of a resident agent who resides in Hennepin, Ramsey, Anoka, Carver, Dakota, Scott or Washington County.

(Over)





4141 Douglas Drive North • Crystal, Minnesota 55422-1696

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## Certification of Financial Responsibility

This form must be completed and returned with a City license application.

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at \_\_\_\_\_, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code 1005.29 (a), printed in full on the reverse of this form.

I hereby certify that I/we are current on the following financial obligations:

(Circle answers)

Yes      No      Property Taxes paid

Yes      No      Utility Bills paid

Yes      No      State Taxes paid

Yes      No      Federal Taxes paid

Yes      No      Other governmental obligations or claims concerning me or the business entity named on this license application

If "NO" is circled for any of the above, describe the payment plan or other agreement approved by the applicable governmental entity.

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See entire Crystal City Code 1005.29 (a) on the reverse side of this form.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_ (date)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*Note: Filing a false statement with a government agency is a criminal offense.*

**Staff use only:**

\_\_ UB \_\_ Prev UB \_\_ UB Cert \_\_ Tax \_\_ PrevTax

Verified compliance \_\_\_\_\_ <date>

Staff initials: \_\_\_\_\_

# MnBIN/Social Security Number Request Form

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To all applicants for new or renewed Rental Dwelling Licenses:

Effective January 1, 2012, licensing authorities that issue licenses for the conduct of a profession, occupation, trade or business, are required to collect at least one of the following from every applicant and to report annually to the Minnesota Department of Revenue (Minnesota Statutes 270C.72 Subd. 4):

- Minnesota business identification number ("MnBIN"); or
- Social Security Number ("SSN").

Business tax identification numbers are public data. SSNs are classified as private data. You are legally required to provide the SSN if the license applicant is an individual or the MnBIN if the license applicant is a business. If you refuse to supply the requested data, you will not be issued a license and will not be authorized to rent the property. If you supply the data, it will be reported to the Minnesota Department of Revenue and may be used to collect taxes. SSNs may also be provided to City staff and contractors whose jobs require access to the information and to other persons if required by court order.

**The city is required to collect this information and report it to the state. Please complete, detach and return the form below to the City of Crystal.** Again, this is a state requirement, so if you have concerns about it, please contact the Minnesota Department of Revenue at (651) 556-3003.

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Name of license applicant: \_\_\_\_\_  
Address of license applicant: \_\_\_\_\_  
Address of rental property: \_\_\_\_\_  
Minnesota business identification number for applicant: \_\_\_\_\_  
Social Security Number of applicant: \_\_\_\_\_

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Print Name of Person Signing

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Signature

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Print Title (If Signing for Business)

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Date

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE      ZIP CODE
COUNTY	E-MAIL ADDRESS	

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number
POLICY NO.	EFFECTIVE DATE
	EXPIRATION DATE

### NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: \_\_\_\_\_

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.

**PRINT NAME**

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.