



APPLICATION INSTRUCTIONS

IMPORTANT RENTAL LICENSE INFORMATION

- **MAKE CHECKS PAYABLE TO: CITY OF COLUMBIA HEIGHTS**
- A rental license is required for any dwelling unit where the owner is not occupying the unit, even if no rent is paid or if the unit is occupied by a relative.
- The rental license must be renewed annually PRIOR to the license expiration.
- Any changes to the names, addresses, and other information concerning the persons on this application must be provided in writing to the inspection office within ten days.
- When selling a rental dwelling, the owner must notify the buyer in writing of all unresolved housing violation orders and administrative citations issued by the city.
- The property will be inspected pursuant to city code.



MAILINGS

Please check the box next to the mailings icon to indicate where you would like our office to send copies of correspondence. Our office can accommodate sending multiple copies of reports, notices, and correspondence.

LICENSE APPLICANT

The city only issues rental licenses to a Natural Person having an ownership interest in the property, an owner, the Vendee of a property's contract for deed, a Trustee of a trust, an Officer of a corporation, a Partner in charge of the general-day-to-day firm management of a partnership, or a Beneficial Owner of any other form of business organization.

EXAMPLES OF LICENSE APPLICANTS

Owner of Record Type	Natural Person for License Applicant
Sole Proprietorship	Owner
Corporation	Shareholder, Officer
Partnership	Partner
Limited Liability Corporation (LLC)	Officer

The list above is for illustrative purposes only. If you have questions regarding the appropriate License Applicant for your business, please call the inspection office at 763-706-8156 or email fireinspections@columbiaheightsmn.gov.

The city requires a physical address for the License Applicant. A Post Office Box (P.O. box) cannot be used to fulfill the address requirement.

PROPERTY OWNER

DOCUMENTS YOU MAY NEED

Articles of Organization

If the property is owned by a business, a copy of the most recent Articles of Incorporation must be submitted with the license application.

Proof of Ownership

If you have purchased the property in the last year, it is strongly recommended that you check the website above before submitting your application. If you or your business is not listed as the owner, you will need to submit a photocopy of one of the following documents with your application:

1. The closing disclosure statement

2. The recorded deed
3. The certificate of real estate value
4. The contract for deed, including the receipt showing that the deed has been recorded

Disclosures

Blank Disclosure templates in a Microsoft Excel format are available for download on the Rental Licensing page of the city's website (heightsfire.com) or by emailing the inspection office at fireinspections@columbiaheightsmn.gov.

All License Applicants/Owners are required to submit property interest disclosure documentation showing their interest in any other rental properties in the city. If changes in ownership interest change within the licensing period, this document needs to be updated and submitted to the inspection office.

If the property is owned by a business, License applicants/Owners must submit, via email, a property ownership disclosure that details information of all partners, shareholders, or interest holders. Disclosure information shall be submitted in an electronic file format (Excel, CSV, or Comma-delimited text files are accepted) to fireinspections@columbiaheightsmn.gov.

Family Exemption Affidavit

License applicants applying for a family exemption shall complete and submit a Family Exemption Affidavit with their application.

PROPERTY MANAGER/AGENT

Enter the person or person and company responsible for the operation and maintenance of the property to be licensed. Licensees are responsible for notifying our office of changes in this contact information.

EMERGENCY CONTACT

In an emergency, efforts are made to contact the Property Manager and/or Property Owner. However, in situations where the Property Manager and Property Owner are the same individual and that person is unreachable or incapacitated, we encourage property owners to include an emergency contact person that can act in the interest of the property owner during emergency situations or for emergency maintenance and repair.

SUPPLEMENTAL PROPERTY PROFILE INFORMATION

Property Owners shall submit the supplemental property profile information form.

SUBMITTING YOUR APPLICATION

New license applications are due within **ten (10)** days of the Building Official's approval.

Transfer Applications are due within **30** days of the date of sale/transfer of the property.

License renewal applications are due prior to the expiration of the current license.

In Person: Applications, fees, and documentation may be submitted in person to the Inspection Office during the following hours:
Monday through Friday, 8:00 AM to 4:30 PM.

By Mail: You may also mail your application in. Make sure the application is completely filled out and to include all required fees and documentation.

City of Columbia Heights Fire Department
Rental Licensing
825 41st Ave
Columbia Heights, MN 55421-2910

MAKE CHECKS PAYABLE TO: CITY OF COLUMBIA HEIGHTS






2022 RENTAL PROPERTY LICENSE APPLICATION

[] Rental license (1-3 Units) [] Rental license (4+ Units)

[] Family Exempt Rental License

RENTAL PROPERTY ADDRESS

 Licensing Period	Total Number of Units _____	Number of Rental Units _____	 Licensing Fee Call Inspection Office to determine fee
Occupancy ID	 PIN	Tier	

APPLICANTS ARE REQUIRED TO COMPLETE ALL SUPPLEMENTAL PROPERTY INFORMATION FORMS.

LICENSE APPLICANT

(all fields required)

Natural Person license Applicant - check instructions for information on qualified individuals. Properties owned by businesses are required to submit the most recent copy of their Articles of Organization.



Check to have mailings sent here

LEGAL FIRST NAME | MIDDLE NAME | LEGAL LAST NAME | TITLE

BUSINESS NAME | BIRTH DATE | DRIVER'S LICENSE NUMBER | STATE OF ISSUE

ADDRESS (PO Boxes not accepted) | CITY | STATE | ZIP

EMAIL | ☐ EMERGENCY PHONE NUMBER (Required)

☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER _____ | ☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER _____

PROPERTY OWNER

(Legal Owner listed on County Records)

Include most recent Articles of Organization/Incorporation, organizational documents, or copy of filed Contract for Deed and list of Owners/Principals with the application.



Check to have mailings sent here

Type of business: ☐ Sole Proprietorship ☐ Limited Partnership (LP) ☐ Limited Liability Partnership (LLP) ☐ C Corporation
☐ Limited Liability Company (LLC) ☐ Single Member Limited Liability Company (SMLLC) ☐ S Corporation ☐ Other _____

FIRST NAME | MIDDLE NAME | LAST NAME

BUSINESS NAME (If applicable) | ☐ Same as Applicant

ADDRESS | CITY | STATE | ZIP

EMAIL | ☐ EMERGENCY PHONE NUMBER (Required)

☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER _____ | ☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER _____

PROPERTY MANAGEMENT

Responsible for operation and maintenance of the licensed property.



Same as Applicant



Check to have mailings sent here

BUSINESS NAME

FIRST NAME | MIDDLE NAME | LAST NAME

ADDRESS | CITY | STATE | ZIP

EMAIL | ☐ EMERGENCY PHONE NUMBER (Required)

☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER _____ | ☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER _____

EMERGENCY CONTACT

FIRST NAME

MIDDLE NAME

LAST NAME

☐ EMERGENCY NUMBER

EMAIL

OTHER CONTACT



Check to have mailings sent here

FIRST NAME

LAST NAME

CONTACT TYPE (Manager, Caretaker, Alternate Emergency Contact, etc.)

ADDRESS

CITY

STATE

ZIP

EMAIL

☐ EMERGENCY PHONE NUMBER (Required)

☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER

☐ BUSINESS ☐ CELLULAR ☐ HOME ☐ OTHER

TENNESSEN WARNING, GOVERNMENT DATA PRACTICES ACT: CLASSIFICATION WARNING:

In connection with your request for a license, the City asks that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you or an applicant affiliated with you is eligible for a license from the City of Columbia Heights.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause the license application to be denied.
4. The known consequences of refusing to supply the requested information is that the application for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

-- APPLICATION SIGNATURE --

I, the undersigned

- am the Natural Person owning the property, the Vendee of a property's contract for deed, a Trustee of a trust, an Officer of a corporation, a Partner in charge of the general-day-to-day firm management of a partnership, or a Beneficial Owner of any other form of business organization listed in the Rental Property Address section of this application.
- attest that the information provided on this application is true and correct and, during the licensing period I am applying for, I will notify the City of Columbia Heights Fire Department immediately of changes to the information contained herein and that failure to do so is grounds for revocation of the license.
- attest that I have (or will do so once prospective tenants are found) conducted criminal background checks on all prospective tenants for the property to which this license application applies.
- attest that I have had (or will have if there are no current tenants) each of the tenants listed on the lease for the property to which this license applies sign the City of Columbia Heights Crime Free/Drug Free Lease Addendum.
- understand my signature as Licensee holds me responsible for the maintenance and management of said rental property, including legal action if necessary.
- certify that I will keep a valid worker's compensation policy in effect at all times, as required by law.
- understand and authorize that all mailings from the Inspections Division, including the annual rental license, will be mailed to the agent/contact person I have specified in this application unless I notify the Columbia Heights Fire Department, in writing, of any changes I wish to make.

APPLICANT'S SIGNATURE

PRINT NAME

DATE

» MINNESOTA BUSINESS TAX IDENTIFICATION LAW

If property owner is sole proprietor, supply that individual's information here. If the property is owned by a business, supply the business' information here.

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; issuance of licenses), Subd. 4. All licensing authorities must require the applicant to provide the applicant's Social Security number **OR** individual taxpayer identification number **AND** Minnesota Business Identification number on all license applications. 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:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this 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.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

APPLICANT'S NAME (LAST, First, Middle Initial)	SOCIAL SECURITY NUMBER	FEDERAL TAX IDENTIFICATION NUMBER	MINNESOTA TAX IDENTIFICATION NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
BUSINESS NAME (If applicable)	TYPE OF LICENSE APPLIED FOR		Rental Occupancy License	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
IF A MINNESOTA TAX ID NUMBER IS NOT REQUIRED, PLEASE EXPLAIN:				

» CERTIFICATE OF COMPLIANCE - WORKERS' COMPENSATION INSURANCE COVERAGE LAW

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 176.181, Subd. 2. 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 put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2.

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 is falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

WORKER'S COMPENSATION INSURANCE COMPANY NAME (Not agent's name)	POLICY NUMBER	DATES OF COVERAGE
		FROM TO

OR, I certify that I am not required to carry worker's compensation insurance because
(check one)

- ☐ I am the sole proprietor and have no employees
- ☐ I am self-insured (For this category, you must include a copy of the permit to self-insure.)
- ☐ I have no employees who are covered by worker's compensation law. (Only employees who are specifically exempted by statute are not covered by the worker's compensation law. These include; spouse, parents, children – regardless of age, and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controlled by the employer must be covered.)

» I certify that all information provided above is accurate and complete. I also certify that a valid workers' compensation policy will be kept in affect at all times, as required by law.

SIGNATURE	PRINT NAME	DATE
		



SUPPLEMENTAL INFORMATION

APPLICATION DISCLOSURES

Supplemental disclosure information is used to evaluate the property and license applicant to confirm that the property and applicant meet the requirements for an occupancy rental license. Failure to complete, in full, the required license application or nondisclosure, misrepresentation or misstatement of a material fact in any application for a license is cause for denial, revocation, suspension, or other such action restricting the privileges of a licensee.

Blank Disclosure templates in a Microsoft Excel format are available for download on the Rental Licensing page of the city's website (heightsfire.com) or by emailing the inspection office at fireinspections@columbiaheightsmn.gov.

APPLICANT PROPERTY INTEREST DISCLOSURE

License Applicants shall submit a list of all rental property addresses located within Columbia Heights in which they hold an interest. Interest in a rental dwelling license or provisional license shall include without limitation:

1. Future interest, reversionary interest, or legal or equitable ownership interest in whole or part in the associated real property;
2. Security interest or financial interest in the associated real property or operation thereof, such as being lender of money for the purchase of that property; and
3. Any right to control or manage the operation of the associated real property.

For purposes of the rental licensing, unless the entity with a direct interest in the rental dwelling license or provisional license is a publicly-held corporation, all direct and indirect owners of a partnership, corporation, limited liability company, or other recognized business association with an interest in a rental dwelling license or provisional license shall be considered to have the same interest as the partnership, corporation, limited liability company, or other recognized business association itself.

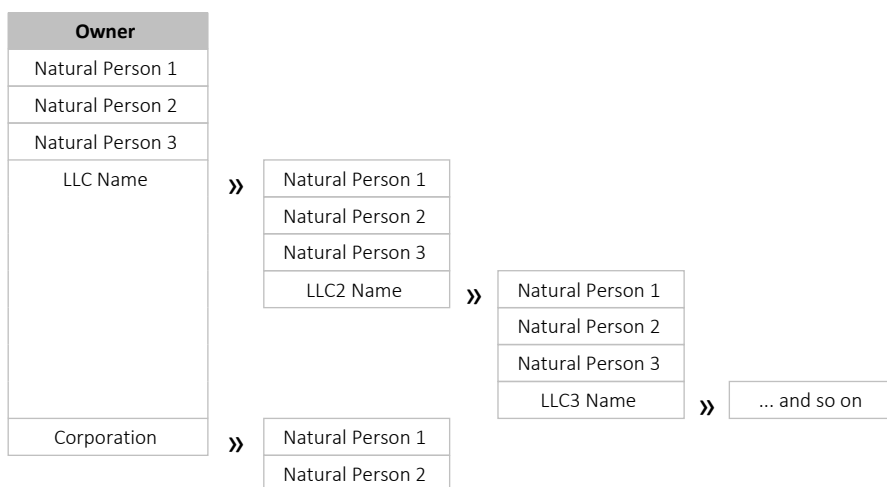
PROPERTY OWNER DISCLOSURE

All partnerships, corporations, limited liability companies or other recognized business associations which own a dwelling required to be licensed shall submit the name and address of all partners, shareholders or interest holders.

Disclosure information shall be submitted in an electronic file format (Excel, CSV, or Comma-delimited text files are accepted) to fireinspections@columbiaheightsmn.gov

Fields to be included are:

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Rental Property Address	Description of Interest	Business Name	Name	Address	City	Stat/Prov	Postal Code	Country



SUPPLEMENTAL INFORMATION

PROPERTY PROFILE

DATE:

Page ____ of ____

PURCHASE DATE	TOTAL BUILDING SQUARE FOOTAGE	NUMBER OF OFF-STREET PARKING SPACES AVAILABLE	COMMON AREAS (Hallway, laundry, etc) <input type="radio"/> NO <input type="radio"/> YES	BUILDING FIRE PROTECTION SYSTEMS: <input type="radio"/> Fire Sprinklers <input type="radio"/> Fire Alarm <input type="radio"/> Hard-wired smoke alarms <input type="radio"/> Battery-operated smoke alarms	
COUNTY OWNER ON FILE		YEAR BUILT	CITY ZONING		

UNIT ADDRESSES/UNIT (APT) INFORMATION *List dwelling unit addresses/unit (apt) numbers for each unit covered by the license.*

	Unit address	Unit (Apt) number	Number of bedrooms	Unit square footage
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



AFFIDAVIT OF PROPERTY OWNER FOR A FAMILY MEMBER EXEMPTION

Property owners claiming the relative/step-relative exemption shall complete the Affidavit of Exemption. Property Owners eligible for a Family Exempt Rental License who submit this form with a complete Rental Housing License Application receive a reduced rental occupancy license fee.

- ☐ That I am the legal owner of a certain real property located at _____.
- ☐ That I am aware of the City of Columbia Heights' ordinance pertaining to the annual licensing of all rental dwelling or rental dwelling units. This includes vacation rental dwellings and dwellings for hire where all units are occupied by the owner or persons who are the owner's child, stepchild, daughter-in-law, son-in-law, parent, stepparent, parent-in-law, grandchild, grandparent, brother, brother-in-law, sister, sister-in-law, aunt or uncle.
- ☐ I am eligible for the Family Rental Exemption licensing fee because ALL renters residing at this rental property are related to me as a child, stepchild, daughter-in-law, son-in-law, parent, stepparent, parent-in-law, grandchild, grandparent, brother, brother-in-law, sister, sister-in-law, aunt or uncle.
- ☐ If family member(s) vacate the property and thereafter I desire to rent the property to a non-family member, I understand that I must obtain the appropriate rental license from the City of Columbia Heights prior to the occupancy of the tenant.
- ☐ That the failure to comply is in violation of Chapter 5A of city code.

The following family members reside in the rental property:

Full Legal Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the witness whereof, I certify under penalty of perjury under Minnesota law that I know the contents of this affidavit signed by me and that the statements are true and correct. I further acknowledge that if, in the future, persons other than listed in this Affidavit, reside/occupy this property changes to that of an occupied rental dwelling. I will license this property in accordance with the Code of Ordinances of the City of Columbia Heights.

Name of owner: _____

Owner Signature: _____

STATE OF MINNESOTA
COUNTY OF ANOKA

Notary Public Signature: _____

This instrument was acknowledged before me
on _____ (date) by _____.