



# West St Paul

## Rental Dwelling License Application

1616 Humboldt Ave, West St Paul, MN 55118

Phone: 651-552-4144 - Fax: 651-552-4190 - E-mail: msonnek@wspmn.gov

LICENSE TYPE					
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Temporary			
HOUSING TYPE					
<input type="checkbox"/> Single-Family	<input type="checkbox"/> Condo	<input type="checkbox"/> Townhome	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Apartment
Total # of Units _____					

### CONTACT INFORMATION

Address of Property \_\_\_\_\_

Complex Name (if applicable) \_\_\_\_\_

OWNER INFORMATION (Individual or Business Entity)		
Name (First, Middle, Last):		
Maiden Name (if applicable):		
Email (required):		
Mailing Address:		
City:	State:	Zip:
Cell Phone #:	Office Phone #:	Fax #:
Drivers License/State ID #:	State Issued:	Date of Birth:

RECIPIENT OF NOTICES/MAILINGS/PHONE CALLS (Per City Ordinance 150.037 Subd.2.b )		
<input type="checkbox"/> Same As Above		
Name:		
Email (required):		
Mailing Address:		
City:	State:	Zip:
Cell Phone #:	Office Phone #:	Fax #:

PROPERTY MANAGER (Per City Ordinance 150.037 Subd.2.b)		
<input type="checkbox"/> Same As Above		
Name:		
Email (required):		
Mailing Address:		
City:	State:	Zip:
Cell Phone #:	Office Phone #:	Fax:

## RENTAL PROPERTY INFORMATION

Property currently accepts subsidized housing vouchers	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, indicate :</i> <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Group Residential Housing (Multi-Family Only)
	Number of Units _____ Number of Units _____
<i>If your property accepts Section 8 vouchers, any completed HUD/CDA inspection reports must be submitted in conjunction with the rental application. Failure to do so may result in a city inspection of Section 8 unit(s) and subject to inspection fees.</i>	
Property is currently a state-licensed residential care facility	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, indicate:</i> Type of License _____ License Number _____
Inflow and Infiltration Compliance	
Please note that all properties' inflow and infiltration systems must be inspected and all necessary repairs (if any) must be made and approved by June 1, 2018	
<input type="checkbox"/> Yes <input type="checkbox"/> No	My property has been inspected <i>If your property has not been inspected, contact Public Works to schedule an inspection at 651-552-4153</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	All necessary repairs (if any) have been made and my property is currently in compliance with the Inflow and Infiltration Ordinance

## APPLICANT INFORMATION

STAR Program Participation	
The STAR Program is <u>free</u> to participants, and can be a means to reduce penalties for Property Owners in violation of City Code 435.13. *See last page for more information*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant and/or property manager is a participant of the STAR Program
	<i>If Yes, indicate your level of participation</i> <input type="checkbox"/> Level 1 (150.042 Subd.1 (a)) <input type="checkbox"/> Level 2 (150.042 Subd.1 (b))
Crime-Free Training (City Code 150.037 Subd.n.) *Provide Copy of Certificate	
<input type="checkbox"/>	Applicant and/or Property Manager has completed the required Phase One - Management Training of the Minnesota Crime Free Rental Housing Program <i>*All property owners and/or managers are required to complete the training prior to the 2018 renewal deadline*</i>

## SOUTH METRO FIRE DETECTOR AFFIDAVIT

Smoke Detector Inspection Affidavit	
<input type="checkbox"/> Yes	I have personally inspected and tested the smoke detectors on this property and all were found to be in place and in working order
<input type="checkbox"/> Yes	I affirm that I have explained to an occupant of each dwelling the location and operation of each smoke detector, instructions describing the action to be taken when an alarm sounds, procedure for period testing, and contacting the owner when a low-battery tone occurs, power light failure, or the inoperative condition of, or defective smoke detector

## APPLICANT AGREEMENT

- I have read and understand sections 150.035 – 150.046 of the West St Paul city ordinance, regarding rental licensing and understand that I am subject to all of the requirements listed in addition to other city ordinances
- I understand that all rental properties must undergo housing inspections - 150.037 Subd. B4a-b
  - Rentals with 1-3 units will have all units inspected once every 3 years
  - Rentals with 4+ units will have 25% of units inspected each year, totaling to 100% of units being inspected once every 4 years
- I understand that all tenants must be included on a written lease, this includes the **\*required\*** Crime Free Lease Addendum, or its legal equivalent - 150.037 Subd. M
- I understand that all rental licenses must be renewed annually and prior to the established renewal deadline and that the City is not required to notify me of such renewal date
  - I also understand that failure to submit a renewal application prior to the designated renewal deadline may result in late fees and/or administrative citations
- I understand that it is the owner/manager's responsibility to pursue the necessary actions to renew said license in a timely manner, including but not limited to:
  - Submission of an application
  - Scheduling and passing any necessary inspections
  - Payment of fees
- I understand that the City Clerk must be notified in writing within 10 business days of any change of information on this application - 150.037 Subd. B2e
- I understand that rental licenses are **not** transferable and that new owner(s) must apply for a new license - 150.037 Subd. D

I understand and affirm that I will operate and maintain the subject premises identified herein according to West St. Paul City Code, Section 150.035, et. seq., and agree to allow inspections, as required by the City Code.  
I hereby affirm that I am the owner or authorized agent of the owner and the answers contained herein are true and accurate in all respects to the best of my knowledge and belief.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**If an inspection of your rental property is required as part of the licensing process, contact our Housing Inspector at (651) 552-4142 or tsauer@wspmn.gov with any inspection questions.**

**If you have any questions about the City of West St Paul's Rental Licensing Program, please contact our Community Development Coordinator at (651) 552-4144 or msonnek@wspmn.gov.**

**CITY OF WEST ST. PAUL  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**New Applicants Only**

In order for the City of West St. Paul to process this application further, you must complete and sign this authorization. By completing and signing this authorization, you will be allowing the City of West St. Paul to review information on any complaints against you, including complaints for driving offenses, if applicable.

Private information provided or released shall be used to determine suitability for issuance of license/permit with the City of West St. Paul. This information will be available only to you and City officials who have a bona fide need for it. Refusal to supply required information will mean that your application cannot be processed.

I authorize the City of West St. Paul Police Department to conduct a background investigation and release the information to the City Clerk's office concerning my application for a city license/permit.

I hereby authorize the City of West St. Paul to conduct a criminal history and record background investigation so I can be considered for the below type license or permit.

<i>Please Print</i>			
Name of Establishment			
Applicant's Full Name	First	Middle	Last
Date of Birth	MM/DD/YYYY	Contact Phone #	
Driver License Number		State of Issue	

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

**A COPY OF YOUR DRIVER LICENSE MUST ACCOMPANY THIS FORM IN ORDER TO HAVE YOUR RENTAL LICENSE PROCESSED.**

Place Driver Licence & Photo Copy

Per Ordinance 150.037 Subd. C1: For all new applications, a background investigation will be conducted on the property owner listed on the application, pursuant to § 110.03(C)(5). The city may request additional information from the license applicant regarding all property owners, if the property is owned by individuals or regarding all officers, managers or directors, if the property is owned by a business entity, and may conduct additional background investigations as it deems necessary. The applicant shall pay a background investigation fee for each background investigation conducted.

## **150.042. STAR Program**

To promote crime-free housing, the city encourages Rental Property Owners to voluntarily participate in Level 1 or Level 2 of the STAR Program. A STAR Program application form must be completed and submitted with the license application in order for an owner to participate in the STAR Program.

### **Subd. A. More than 3 Dwelling Units.**

For Owners with more than 3 Dwelling Units, the following criteria set forth the STAR requirements for each participation level.

**Level 1.** To qualify for Level 1, Owners or Managers shall comply with the following:

- Provide the city a copy of rental criteria regarding tenants with criminal backgrounds.
- Actively pursue the eviction of non-compliant tenants.
- Attend 25% of Responsible Owners and Managers Association (ROMA) meetings.
- Have no unresolved City Code violations.
- Within twelve (12) months of joining the STAR program, complete Phase 2 or Phase 3 of the Minnesota Crime Free Rental-Housing program. The phases of the Minnesota Crime Free Rental-Housing program are:
  - Phase One- Management Training: Resident Managers and/or Owners attend an 8-hour seminar presented by police, fire, public housing, and others.
  - Phase Two- Security Assessment: This phase will certify that the rental property has met the security requirements for the tenant's safety.
  - Phase Three- Resident Training: A meeting is held for the residents where crime watch and crime prevention techniques are discussed.

**Level 2.** To qualify for Level 2, Owners and Managers shall achieve Level 1 and add the following:

- Within twelve (12) months of joining the STAR program, complete Phase 2 and Phase 3 of the Crime Free Rental-Housing training and receive a certificate of completion by the city, as defined in 150.042 (Subd. A) (1) (e).
- Attend 50% of ROMA meetings.

### **Subd. B. 1-3 Dwelling Units.**

For Owners with 1-3 Dwelling Units, the following criteria set forth the STAR requirements for each participation level.

**Level 1.** To qualify for Level 1, Owners and Managers shall comply with the following:

- Actively pursue the eviction of non-compliant tenants.
- Have no unresolved City Code violations.

**Level 2.** To qualify for Level 2, Owners and Managers shall achieve Level 1 and add the following:

- Within twelve (12) months of joining the STAR program, complete Phase 2 and Phase 3 of the Crime Free Rental-Housing training and receive a certificate of completion by the city, as defined in 150.042 (Subd. A) (1) (e).
- Attend 50% of ROMA meetings.