



COMMUNITY DEVELOPMENT,
LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345

Phone: 952/939-8274
Fax: 952/939-8244
Email: vnorthway@eminnetonka.com

TO: LODGING FACILITY APPLICANT

FROM: VALERIE NORTHWAY, LICENSING COORDINATOR

Attached are the license application forms for your hotel, motel, retreat center, or other lodging facility, and also a copy of Minnetonka City Code §830 regarding this type of business.

The application forms or other items you will need to provide are the following:

1. Minnetonka Application form
2. Minnesota Business Tax Identification
3. Minnesota Workers' Compensation Insurance form
4. For license fee, follow the link to the [License Fee Schedule](#) for the current year – look under Lodging. Make checks payable to “City of Minnetonka”.

Complete the forms (#1-3). Mail the completed forms together with the fee (#4) to the address shown above.

The application will be processed within seven days. However, the Environmental Health staff will determine if the license is mailed to you or if it must be delivered by their staff when they give final approval **at the final inspection**.

The licensing year is January 1 through December 31, and the licensing fee may not be pro-rated. An annual renewal notice will be sent approximately 30 days prior to the expiration date (to the address you designate on the application.) However, if the renewal forms do not reach you, it is your responsibility to contact the city to renew your license every year by December 31.

If you have any questions or need my assistance, please call or contact me (see top of page).



COMMUNITY DEVELOPMENT-LIC
 14600 MINNETONKA BLVD
 MINNETONKA, MN 55345
 (952) 939-8274
 Fax (952) 939-8244

Application For Lodging License - _____

(Insert year †)

Please enter a response on every line. Any incorrect information or an incomplete application is a violation of the City Ordinance and can result denial of licensing and/or prosecution.

ESTABLISHMENT

Establishment /trade name: _____
 Establishment address: _____
 City, State, Zip: _____
 Establishment phone number: () _____
 Manager or agent of owner: _____
 Type of facility: _____

LICENSEE INFORMATION - **State Law: this must be a corporation or partnership name, or the individual's name that owns the establishment & carries the tax liability:**

Licensee name : _____
 Primary Officer: _____
 Licensee address: _____
 City, State, Zip: _____
 Telephone #: _____

Return license, send all notices, & send billing renewals to : (all must be sent to the same address)

Company Name: _____ Name of person to contact, if questions:
 Attn: _____
 Street: _____ Telephone #:
 City, State, Zip: _____ () _____

FEE SUMMARY (see attached fee schedule)

Base Fee (from License Fee Schedule) \$ _____
 Number of rooms= _____ times \$ _____ (cost per room) = + \$ _____
 GRAND TOTAL (checks payable to "City of Minnetonka"): \$ _____

Note: Proper signature required: if a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, one of the partners; if an individual, the owner.

I, (WE) THE UNDERSIGNED, HAVE COMPLIED WITH ALL REQUIREMENTS OF THE CITY CODE OF THE CITY OF MINNETONKA NECESSARY FOR OBTAINING THIS LICENSE. NOW, THEREFORE, I (WE) HEREBY MAKE APPLICATION TO OPERATE THE ABOVE NAMED ESTABLISHMENT SUBJECT TO ALL CONDITIONS AND PROVISIONS OF THESE ORDINANCES.

 Signature Print name: _____

 Date: Print title: _____

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
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 license issuance or renewal application.

NAME UNDER WHICH THE MN TAX ID IS FILED (licensee name)			Type of license applying for:		
			Lodging		
Licensee: Address	L City	L State	L Zip	L Phone	
Establishment: Name			Minnetonka License Number (completed by Minnetonka)		
Establishment: Address	E City	E State	E Zip	E Phone	
Minnesota Tax Identification Number			Federal Tax Identification Number		

Be sure to sign and date at bottom of form.

INSTRUCTIONS FOR BOXES BELOW:

1. If all boxes above are completed, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.
2. However, if all boxes above are not completed, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)

Applicant's (person's) name (LAST, first, middle initial)		Social Security Number
Home address	Home City, State, Zip code	Home Phone number
<input type="checkbox"/> Check if address is for both home & business		

Signature: _____ **Date:** _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.
You must complete number 1, 2 or 3 below.**

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF YOU ARE EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
--	--------------	-------------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

SECTION 830. LODGING ESTABLISHMENTS.

830.005. Definition.

For the purpose of this section, "lodging establishment" means a hotel, motel, resort, or lodging establishment, as defined in Minn. Stat. § 157.15.

830.010. License Required.

A person must not keep or maintain a lodging establishment in the city without first obtaining a license as provided in this section. A license can be obtained and retained only by persons, corporations and/or other operating entities who comply with this section and Minnesota department of health rules regulating lodging establishments.

830.015. Application.

1. A person desiring to keep or maintain a lodging establishment must submit a license written application to the community development department. The application must be accompanied by the fee specified in section 710.
2. The application must contain the information deemed necessary by the health authority to make a determination of whether or not the applicant is in compliance with this section and applicable Minnesota department of health rules.

830.020. Expiration Date.

A lodging establishment license will terminate on December 31 of each year.

830.025. Conditions of License.

A lodging establishment must be maintained in a manner that complies with this section and Minnesota Rules Chapter 4625, which is hereby adopted by reference.

Amended by Ord. 2007-16, adopted May 7, 2007.

Rev. 11/06