



**City of Brooklyn Center**  
6301 Shingle Creek Pkwy 55430-2199  
(763) 569-3300  
www.cityofbrooklyncenter.org  
Annual Expiration: April 30

## Hospitality Accommodations License Application

Annual Fee Level I: \$150

Annual Fee Level II: \$200

Annual Fee Level III: \$300

Date: \_\_\_\_\_

### NAME OF ESTABLISHMENT

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Brooklyn Center, MN \_\_\_\_\_  
*Street Address* *Zip Code*

Telephone Number: \_\_\_\_\_

### OWNER (APPLICANT)

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City, State* *Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### OFFICERS OF THE OWNERSHIP GROUP

#### PRESIDENT

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City, State* *Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

#### VICE PRESIDENT

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City, State* *Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**SECRETARY**

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**TREASURER**

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**PROPERTY MANAGER (S):** Provide 24-hour property contact information, including name, address, Email, and telephone number for **ALL** Managers and other Responsible Employees of the Establishment.

**MANAGER 1**

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**MANAGER 2**

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**MANAGER 3**

Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City, State Zip Code*

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

***If there are additional managers, please include their information on a separate sheet of paper.***

**NOTARY PUBLIC (Must be completed and notarized)**

The undersigned hereby applies for a transient accommodations license and acknowledges receipt of a copy of City Ordinance Section 23-2404 through 23-2414 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*Notary Public Printed Name*

\_\_\_\_\_  
*Notary Public Signature*

County \_\_\_\_\_

My Commission expires \_\_\_\_\_

For office use only:

License Application Submittal Date \_\_\_\_\_

Police Department

*Notification of Level by February 1*

\_\_\_\_\_  
Level (I, II, III)

\_\_\_\_\_  
Date

License Application Form

License Fee

Minnesota Business Tax Identification Number Form

Workers' Compensation Insurance Coverage Form

Proof of Payment of Property Taxes

Proof of Payment of Lodging Taxes

(e-mail Nancy Emmerich)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Coding: 10100-4213

City Council Agenda

Approved [ ]

Disapproved [ ]

\_\_\_\_\_  
Date

License Mailed

\_\_\_\_\_  
Date

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## ***Have you submitted . . .***

- Completed Hospitality Accommodations License Application
- License Fee
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form
- Proof of Payment of Property Taxes

## ***Questions . . .***

To obtain a Hospitality Accommodations license application or for more information on licensing, please call:

Deputy City Clerk  
(763) 569-3308  
Monday – Friday  
8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway  
Brooklyn Center, MN 55430-2199  
Telephone (763) 569-3300  
TTY/Voice 711  
Fax (763) 569-3494  
[www.cityofbrooklyncenter.org](http://www.cityofbrooklyncenter.org)

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# **Hospitality Accommodations**



*Revised 02/19*

## ***License Requirements***

The City of Brooklyn Center requires the licensing of Hospitality Accommodations as defined in City Code Sections 23-2404 through 23-2414. The license period is May 1 through April 30. The annual license fees for Hospitality Accommodations are as follows:

<b>LEVEL</b>	<b>ANNUAL CALLS FOR SERVICE</b>	<b>FEE</b>
<b>Level I</b>	less than .20 per unit	\$150
<b>Level II</b>	At least .20 but less than .40 per unit	\$200
<b>Level III</b>	At least .40 or greater per unit	\$300

The City Council has determined it is in the best interests of the City to take a proactive approach to deterring and minimizing criminal activity at the City's hotels and motels.

The Hospitality Accommodations license is a business license under the City's general police powers and is not intended to regulate items addressed in a Minnesota Department of Health license required of hotels and motels under Minnesota law.

Please complete or provide the following:

### **License Application**

A completed application as required in City Code Section 23-2401

### **License Fee**

A new Hospitality Accommodation that had not previously operated within the City shall initially qualify for a Level I license fee of \$150. If the license is a renewal the fee will correlate to the Level provided by the Brooklyn Center Police Department. Checks are made payable to the City of Brooklyn Center.

### **Proof of Workers' Compensation Insurance Coverage Form**

A completed form as required by Minnesota Statute Section 176.182

### **MN Business Tax Identification Number**

A completed form as required by Minnesota Statute Section 270.72

### **Proof of Payment of Property Taxes** –

Submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us)

## ***License Approval***

Upon the City Clerk's receipt of a completed Hospitality Accommodations license application, appropriate license fee, Proof of Workers' Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the license application shall be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the month. License materials must be submitted at least seven (7) days prior to a City Council meeting to be submitted on the agenda.

After City Council approval the Hospitality Accommodations license will be mailed to applicant.

City of Brooklyn Center  
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. 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.

Please supply the following information and return along with your application to the City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**X** License being applied for or renewed: \_\_\_\_\_

**X** License renewal date: \_\_\_\_\_

**X** **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

(Address, City, State, and Zip)

Social Security Number: \_\_\_\_\_

**X** **BUSINESS INFORMATION Please Print:**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Address, City, State, and Zip)

**If a Minnesota Tax Identification Number is not required, please explain on the reverse side.**

**X** Federal Tax Identification Number: \_\_\_\_\_

**X** Minnesota Tax Identification Number: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Position (Officer, Partner, etc.) 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)
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DBA (doing business as name) (if applicable) \_\_\_\_\_

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**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
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

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

**NUMBER 3 COMPLETE THIS PORTION IF 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
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**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.