



**Horizon Environmental Health**

**Serving Douglas & Pope Counties**

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**2021 Private/Vacation Home Rental License Application**

**Page One of Three – COMPLETE ALL SECTIONS – PLEASE PRINT CLEARLY**

<b>▶ ESTABLISHMENT INFORMATION</b>			
Establishment/Business Name:			
<b>Physical</b> Address:		City	Zip
Street			
Property Parcel ID #:	Lake Name (if applicable):		
Maximum Overnight Capacity:	Total Guest Capacity:	Maximum # Parking Spaces:	
Does property have a Conditional Use Permit? <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please include copy of permit with application			
<b>▶ OWNER INFORMATION</b>			
Owner/Applicant Name:			
If Corporation/Partnership, list Primary Officer Name:			
DBA (Doing Business As) Name (if applicable):			
Owner Mailing Address:		City	State
Street/PO Box			Zip
Owner/Applicant Phone:		Owner/Applicant Email:	
<b>▶ LOCAL CONTACT INFORMATION – Enter all applicable information for the local/emergency contact, then check the best contact method</b>			
Contact Person Name:			
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:	
<input type="checkbox"/> Email:			
<b>▶ LICENSE APPLICATION TYPE (check one of the following):</b>			
<input type="checkbox"/> New Establishment	License #:	Opening Date:	
<input type="checkbox"/> Ownership Change	License #:	Opening Date:	
<i>-If ownership change, list previous owner &amp; license # (if known):</i>			
<b>▶ LICENSE RENEWAL METHOD – Choose how you want to receive next year’s license renewal materials (check one):</b>			
<input type="checkbox"/> Email–list email address–PLEASE PRINT CLEARLY:			
<input type="checkbox"/> US Mail			

**Unless indicated here, your license/future license renewals will be sent to the owner mailing address listed in the “Business Owner/Applicant Information” section of this application.**  I want my license/future renewal application sent to: \_\_\_\_\_

Operating licenses for all establishments shall be issued on the basis of a calendar year beginning January 1 and ending December 31. Licenses are non-transferable. Once you have applied for your initial license, you will receive an annual renewal notice; annual renewals must be received/paid by December 1 of each year. Per our Annual Establishment Licensing Policy all outstanding fees, including re-inspection fees, must be paid in full in order for your license to be renewed for the coming year.

**▶ By my signature below I understand that this establishment must comply with all Minnesota Statutes, Rules, and other regulations that apply to this establishment and any licenses issued from this application. I certify that the information provided on this application is accurate and complete.**

**▶ Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Base Fee</b>	<b>\$ 250.00</b>
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**PLUS - ALL CATEGORIES BELOW THAT APPLY:**

(check all that apply and enter all applicable amounts in right column)

**LODGING**

Number of bedrooms _____ x \$12.50	<b>Enter lodging total here:</b> \$
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**SWIMMING POOL/SPA**

▶ **Certified Pool Operator:**

Name: \_\_\_\_\_ Reg. Number: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

<input type="checkbox"/> Swimming Pool - \$275.00 x _____ (number of swimming pools)	\$
<input type="checkbox"/> Spa Pool - \$170.00 x _____ (number of spa pools)	\$
<b>SWIMMING POOL/SPA TOTAL</b>	<b>\$</b>

**INDIVIDUAL (NOT MUNICIPAL) WATER/SEWER**

<input type="checkbox"/> Private Water Supply (well) and/or <input type="checkbox"/> Private Sewer (septic system) - \$90.00 (one fee for one or both)	\$
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**LATE FEES** \*Late fees not paid by end of County business day on December 31 shall be subject to interest accumulation at 1.5% per month\*

<input type="checkbox"/> Late fee – 1 to 30 days late - \$100.00	\$
<input type="checkbox"/> Late fee – over 30 days late - \$300.00	\$

<b>AMOUNT DUE</b> Add all completed selections – don't forget the base fee!	\$
<b>25% FEE REDUCTION FOR 2021 (due to COVID-19)</b> (Amount due x 25%)	\$
<b>TOTAL AMOUNT DUE</b> (Amount due – 25%)	<b>\$</b>

**MAKE CHECKS PAYABLE TO: HORIZON PUBLIC HEALTH**

Notice: The issuance of a dishonored check to this department will require a service charge per MN Statute Section 604.113

- ▶ For new operators applying for license on or after October 1, the license fee is ½ the usual annual fee, plus any penalty required.
- ▶ REMINDER – Any major remodeling/new construction/addition/alteration of existing structure requires a Plan Review by this department. Please contact us AT LEAST ONE MONTH PRIOR to starting construction.
- ▶ Licenses are non-transferable! If you are selling/buying an establishment, a new license must be applied for by the new owners.

<b>FOR OFFICE USE ONLY (to be completed by Environmental Health staff):</b>	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Paid: _____ Check #: _____ Amount: _____ Received by: _____	Insp. Initials _____
	Risk Level: H M L

**REQUIRED INFORMATION  
FOR THE MINNESOTA DEPARTMENT OF REVENUE**

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license is required to provide the following information to the Minnesota Commissioner of Revenue upon request: business name, address, Minnesota Business Identification Number (also called Minnesota Tax ID Number), and Federal Employer Identification Number (FEIN).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency (Horizon Environmental Health) will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

<b>Business Name</b>
<b>Business Owner (Corporation or Individual) – LEGAL NAME ASSOCIATED WITH YOUR TAX ID NUMBERS AS IT APPEARS ON YOUR TAX RETURN DOCUMENTS:</b>
<b>Business Owner’s Address</b>
<b>Minnesota Tax Identification Number or Business Owner’s Social Security Number:</b>  → MN Tax ID Number: _____  → IF NO MN TAX ID NUMBER, OWNER’S SOCIAL SECURITY NUMBER: _____ - _____ - _____
→ <b>Federal Employer Identification Number (FEIN):</b> _____ - _____

**WORKER’S COMPENSATION INSURANCE COVERAGE LAW**

Minnesota Statute 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 Section 176.181 Subd 2. The information required is: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 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 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.

<b>Worker’s Compensation Insurance Company Name</b>	<b>Policy Number</b>	<b>Dates of Coverage</b> From: To:
<b>OR, I certify that I am not required to carry workers’ compensation insurance because (check one):</b> <input type="checkbox"/> I am the sole proprietor and have no employees. <input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure) <input type="checkbox"/> I have no employees who are covered by workers’ compensation law. (Exempt employees include: spouse, parents, and children – all other employees must be covered; see Minnesota Statute 176 for a complete list of excluded employees.)		

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Horizon Environmental Health. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_