



City of New Brighton
 MULTI-FAMILY LICENSE APPLICATION 2019
 Please email materials to scott.gigrich@newbrightonmn.gov

| | |
|-----------------------|------------------------|
| PROPERTY NAME: | |
| ADDRESS: | New Brighton, MN 55112 |

| Business & Owners(s) | | | |
|---------------------------|---------|---------------|--------|
| Business Name: | | | |
| Owner(s) Name: | | Title: | |
| Owner's Physical Address: | | | |
| Owner's Mailing Address: | | | |
| Work #: | Home #: | Cell #: | Fax #: |
| Email: | | SSN / TAX ID: | |

| Property Management | | | |
|--------------------------|---------|---------|--------|
| Company Name: | | | |
| Contact Name: | | | |
| Address: | | | |
| Owner's Mailing Address: | | | |
| Work #: | Home #: | Cell #: | Fax #: |
| Email: | | | |

| Onsite Property Manager and/or Caretaker Information | | | |
|--|--|-----------|--|
| Name: | | | |
| Cell #: | | Office #: | |
| Emergency #: | | Fax #: | |
| Email: | | | |

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| List the recycling contractor/company for the complex: |
|---|

| Please list the number of each type of unit: | | | | |
|--|-----------|-----------|-----------|-------|
| Studio | 1 Bedroom | 2 Bedroom | 3 Bedroom | Total |
| | | | | |

| | | |
|--|------------|------|
| I understand that by completing and signing this Multi-Family License Application, I am agreeing to comply with the City Code Chapter 13 Housing, Chapter 17 Nuisance, City Fire Code and all other State, County and local codes. | | |
| Signature | Print Name | Date |

All information on this form must be completely filled out before the issuing of the Multi-Family License. Your application may be returned if there is missing information.



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PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute 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 Section 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 their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

| |
|---|
| <p>Insurance Company Name:</p> <p>Policy Number:</p> <p>Self-Insurance Permit Number:</p> <p>Dates of Coverage:</p> <p>I am not required to have workers' compensation liability coverage because:</p> <p><input type="checkbox"/> I have no employees covered by the law</p> <p><input type="checkbox"/> Other (Specify)</p> |
|---|

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARD TO
BUSINESS LICENSES, PERMITS, AND WORKERS' COMPENSATION COVERAGE,
AND I CERTIFY THAT THE INFORMATION
PROVIDED IS TRUE AND CORRECT

Applications must be completed in full to process your license in a timely manner.
Please advise the City of any change in status regarding ownership or management.
A new license is required if a Multi Family complex changes ownership.

Signature: _____ Date: _____

Failure to fill this application out completely will delay your license.

Return application and fees to:
City of New Brighton
803 Old Hwy 8 NW
New Brighton, MN 55112
Attention: Scott Gigrich, Code Compliance Inspector