



**Community Development Licensing**  
14600 Minnetonka Blvd  
Minnetonka MN 55345  
(952)939-8274  
Email: [fgolden@minnetonkamn.gov](mailto:fgolden@minnetonkamn.gov)

To: Applicant for Lodging License

From: Fiona Golden, Licensing Coordinator

Attached are the license application forms for “Lodging License” and a copy of Minnetonka City Code §635 regarding this type of business.

Please complete the following attached forms and return to the above address:

1. Minnetonka Application form
2. Minnesota Business Tax Identification form
3. Minnesota Workers’ Compensation Insurance form
4. License fee. Make checks payable to City of Minnetonka.

The Lodging License fees are listed below:

<b>Lodging per Establishment</b>	\$270.00 per establishment plus \$10.00 per room
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The licensing year is January 1 through December 31 and the licensing fee cannot 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



<h1 style="margin: 0;">LODGING LICENSE _____</h1> <p style="margin: 0;">(year)</p> <h2 style="margin: 0;">Application Form</h2>
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COMMUNITY DEVELOPMENT - LICENSING  
 14600 MINNETONKA BLVD  
 MINNETONKA, MN 55345

Phone: (952) 939-8274  
 Fax: (952) 939-8244  
 Email: [fgolden@minnetonkamn.gov](mailto:fgolden@minnetonkamn.gov)

**INSTRUCTIONS:** Please complete the following information including a signature of an owner/officer of the company.

ESTABLISHMENT INFORMATION			
Name			
Address			
City, State, Zip			
Establishment Phone Number			
Manager or Agent of Owner		Manager Email	
Type of Facility			
LICENSEE INFORMATION (this must be a corporation, partnership, or individual who owns):			
Name			
Primary Officer			
Address			
City, State, Zip			
Owner Phone Number		Owner Email	
BILLING INFORMATION – send all notices, renewals, & licenses to the following:			
Name			
Attn:			
Address			
City, State, Zip			
Name of Person to Contact		Contact Email	
FEE (from License Fee Schedule) – make checks payable to the City of Minnetonka			
Lodging Fee	=	\$270.00	+
The fee of \$10.00 per room — Number of rooms _____	=	\$	
Add the two sections above for the Grand Total =		\$	

<p><b>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.</b></p>		
<p>_____</p> <p><b>Signature</b></p>	<p>_____</p> <p><b>Date</b></p>	<p>_____</p> <p><b>Print Name &amp; Title</b></p>

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

# 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 – local establishment name – only if different than above)

DBA/LOCAL 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 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
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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.

## **SECTION 830. LODGING ESTABLISHMENTS.**

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### **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.**

No person may operate a lodging establishment within the city without first obtaining a lodging establishment license from the city. A license can be obtained and retained only by individuals, corporations and other operating entities who comply with this section and Minnesota department of health rules regulating lodging establishments. The provisions of Section 700 of the city code apply to licenses issued under this section 830.

(Amended by Ord. No. 2009-10, adopted August 3, 2009; Amended by Ord. No. 2012-07, adopted June 25, 2012; Amended by Ord. No. 2022-11, effective October 8, 2022.)

### **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, including all future revisions of it, which is adopted by reference as a part of this ordinance.

(Amended by Ord. No. 2009-10, adopted August 3, 2009; Amended by Ord. No. 2007-16, adopted May 7, 2007.)

### **830.030. Inspections; Orders.**

The provisions of Minn. Stat. chapter 157 and Minn. Stat. chapter 327 are adopted by reference as part of this ordinance including amendments thereto.

(Added by Ord. No. 2009-10, adopted August 3, 2009; Amended by Ord. No. 2022-11, effective October 8, 2022.)

### **830.035. Emergency Closure of Licensed Lodging Establishments.**

1. If any of the following conditions exist, the operator or person in charge may be ordered to discontinue all operations of the lodging establishment until such time as the health authority confirms the correction of the violation:
  - A. Failure to possess a license as required;
  - B. Lack of potable, plumbed, hot or cold water to the extent that hand washing, laundry facilities or toilet facilities are not operational;
  - C. Lack of electricity or gas service to the extent that hand washing, laundry facilities, ventilation, lighting, or toilet facilities are not operational;
  - D. Evidence of an ongoing illness associated with the operation of the lodging establishment;
  - E. Significant damage to the lodging establishment due to tornado, fire, flood, or other disaster;
  - F. Evidence of an extensive infestation of rodents or other vermin;
  - G. Evidence of cross contamination, filthy conditions, or poor personal hygiene to the extent of posing an imminent health risk;
  - H. Misuse of poisons or toxic materials.
2. The licensee must request a re-inspection prior to re-opening. Approval may be granted by the community development director or health authority.

(Added by Ord. No. 2022-11, effective October 8, 2022.)