



313 N. Main St. #240, Center City, MN, 55056

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www.chisagocounty.us

Short-Term Rental Housing License Application

License period thru December 31, 2021

Property Information: License Type: New Renewal

Property Name (if applicable): _____ Parcel/Tax ID #: _____

Rental Property Address: _____

Overnight Occupancy Calculation/Request:

Total # of sleeping qtrs./bedrooms _____ X 2 = _____ plus +2 additional = Maximum # of licensed overnight occupants:

*Attach floor plan or other documentation demonstrating and attesting to sleeping qtr./bedroom count noting minimum 70 sq. ft. habitable space for each sleeping qtr./bedroom; 4.5 sq. ft. clear opening egress window (minimum 20 inches in clear opening height & width and no more than 48 inches above the floor to the window sill); smoke detector present in each sleeping quarter and carbon monoxide detector within 10 feet of each said sleeping quarters.

Municipal or Community Sanitary Sewer Treatment: YES NO If NO, provide on-site septic system data detailed below.

*Attach current (3 years old or newer) Septic Compliance Certificate documenting on site sewage treatment system tank size and design information and minimum daily treatment and/or tank retention of 150 gallons effluent per day per licensed sleeping qtr./bedroom count. Identify sewage treatment operating and maintenance plan during license period.

No Longer a Short-Term Rental Property or Property SOLD? — Kindly check the box and return this form to be removed from our list.

Owner Information: Is owner: an individual or business entity

Name: (full name & middle initial) _____ Business Name (if Applicable): _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____

Contact Phone: _____ Alternate Phone: _____

Property Manager/Agent: (if business owned and/or designated by owner)

Contact Name: (full name & middle initial) _____ Company Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____

Office Phone: _____ Alternate Phone: _____

License Renewals to be sent to: Owner Property Manager/Agent

EMERGENCY 24 HOUR CONTACT INFORMATION:

Name: _____ Contact Phone: _____ Email: _____

CITY JURISDICTION/ACKNOWLEDGEMENT/RESTRICTIONS:

Subject Property is not located within the corporate limits of a City or Lent Twp.

Subject Property is located within _____ City or Lent Twp. If checked, contact local City/Twp. official for License Application acknowledgement signature here: City Official: _____ Date: _____

Additional restrictions and/or prohibitions may apply pursuant to local jurisdiction—License cannot be issued without proper city official acknowledgment above

For Office Use Only: Received Date: _____ Amount Paid \$: _____ Reference # _____

Staff Review and/or Exterior Inspection Date: _____ Staff Member _____

Issued Denied Date _____ License # _____

Applicant Agreement (read, provide associated information, check boxes, initial, & sign)

- I understand Chisago County Short-Term Rental Licensing Ordinance No. 060320-1 and that I am subject to the requirements contained therein, in addition to other county and city ordinances which may apply.
- I understand my short-term rental property must be operated and maintained in accordance with County Ordinance and all issued License provisions and that the County must be notified in writing of any change of information provided with or placed on file with this application.
- I understand the Owner and Owner's Agent/Manager as so listed on the application are responsible for property and tenant adherence to all Ordinance criteria including enforcement and penalty provisions.
- I understand and have provided with my license application proof of non-revocable property liability insurance coverage suitable for the commercial liability coverage of the Short-Term Rental operation during the term of the license.
- I understand and have provided with my license application proof of Minnesota Department of Health license if so required or written certification in the form of my initials here _____ attesting that a license is not required from the State of Minnesota.
- I understand and attest that no past due property taxes are due or applicable concerning the short-term rental property by providing my initials here _____.
- I understand the short-term rental must be connected to an approved Septic System with a valid Certificate of Compliance issued within the past 3 years unless otherwise served by a central city or community sanitary sewer system and I have provided said Certificate of Compliance with my application.
- I understand that garbage, refuse, and recycling services are required to be provided and that all refuse and garbage storage shall be kept in fly-tight, water-tight rodent-proof containers and shall be stored within a building or screened and secured enclosure.
- I understand that as the Owner I am required to keep a guest registration report detailing the use of the home and identification of guests and guest vehicle license information for a period of 1 year. I further understand that the guest registration information of current rental occupants are to be kept open to the inspection of all state and local law enforcement officers upon request.
- I understand that I am required to enforce quiet hours (10PM to 8AM), vehicle parking, and all other site use standards as outlined within the Ordinance.
- I understand that I am required to distribute property contact information to all renters, AND each adjacent land owner and that it is my obligation to respond to any issue or complaint raised from said notified parties within three (3) hours of any such point of contact.
- I understand that I am required to post the complete rental unit address inside the rental unit in a readily accessible and visible location and post the rental unit address outside in a manner that is clear and visible from the street
- I am required to maintain a current register of all tenants, which will be made available to County official upon request.
- **Smoke and Carbon Monoxide Detector Certification:** By signing this application, I hereby certify that functional smoke detectors are installed and maintained in all identified sleeping quarters/bedrooms and that carbon monoxide detectors are properly installed and maintained within ten feet of all identified sleeping quarters/bedrooms. It is my duty to explain to all renters the operation and action to take when alarm sounds or low battery tone occurs and to ensure that all sleeping quarters provide required means of egress.
- **Renter Disclosure and Information:** By signing this application, I hereby certify that I will provide each renter, in a form that is readily retained and posted/deliverable on site, information identifying maximum occupancy, emergency contacts (police, fire, hospital, and septic tank pumper), rental unit address, and operational guidelines and rules including proof of license and any special license obligations, conditions, and restrictions to abide by.
- **Minnesota State Fire Code and Department of Health Rules:** By signing this application, I acknowledge and understand that the Chisago County Ordinance and licensing process does not ensure compliance with Minnesota State Fire Code or Department of Health rules. I further understand that it is my responsibility as the Owner and Owner's Authorized Agent to comply with all local, state and federal laws beyond that of this ordinance and to disclose such compliance to all renters during the time of occupancy
- **General Certification:** By signing this application, I hereby certify that the information contained here is true to the best of my knowledge. I further authorize the County and its officials or designees to investigate all facts set out in this application. I understand that the purpose of permitting the County to have access to this information is to determine the suitability for issuance of a Short-Term Rental License in the County of Chisago. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied.

Applicant Printed Name _____ Check one: Owner Property Manager/Agent

Applicant Signature _____ Date _____

FEES:

\$ 300 • Annual (January) Re-application non-refundable License Fee.

- Incomplete applications and applications without payment will be returned.
- **Make checks payable to Chisago County. Credit Card payment option available in person at Environmental Services Department Office.**