

horizonpublichealth.org

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Owner Name:	
If Corporation/Partnership, list Primary Officer Name:	
DBA (Doing Business As) Name (if applicable):	
Owner (Street/PO Box, City, State, Zip Code): Mailing Address:	
Owner Phone:	Owner Email:

Local Contact Information – Enter all applicable information for the local contact, then check the best contact method:

Contact Person Name:		
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:
<input type="checkbox"/> Email:		

Proposed Opening Date:	In Operation: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal – if seasonal, months open:
Has this facility been licensed before as a private/vacation home rental by a different owner? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, list previous owner name/license number if known:	

License Renewal Method - Choose how you want to receive next year's license renewal materials:

<input type="checkbox"/> Email – list email address PLEASE PRINT CLEARLY:
<input type="checkbox"/> US Mail
Your license/future license renewals will be sent to the owner mailing address listed in the “Owner Information” section of this application unless indicated here <input type="checkbox"/> 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.

The data you supply on this form will be used to process the license you are applying for. The data will constitute a public record if and when the license is granted, except for your Social Security number which is considered private data and will be treated as such as required by law.

Declaration

By my signature below I declare that the information provided on this application is correct and true. I understand and agree that this establishment must comply with the laws and rules of the State of Minnesota and Horizon Environmental Health, and any other regulations that apply to this establishment.	
Signature:	Date:

License Fees

☐ LODGING – please choose appropriate category below:

<input type="checkbox"/> 2 bedrooms or less —list actual number of bedrooms here: _____ - \$300.00	\$
<input type="checkbox"/> 3 bedrooms —list actual number of bedrooms here: _____ - \$400.00	\$
<input type="checkbox"/> 4 bedrooms or more —list actual number of bedrooms here: _____ - \$500.00	\$

☐ INDIVIDUAL/PRIVATE (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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AMOUNT DUE – add completed sections

LODGING	\$
INDIVIDUAL/PRIVATE (NOT MUNICIPAL) WATER/SEWER	\$
TOTAL DUE	\$

If paying by check, 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

**We also offer the option of paying online—
please use the following link or scan the QR code**

<https://horizonpublichealth.org/payments/licensing/>



► For new operators applying for license on or after October 1, the license fee is ½ the usual annual fee, plus any penalty required; the license issued will be valid for the remainder of the current license year.

► **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.

FOR OFFICE USE ONLY to be completed by Horizon Environmental Health Staff

Date Paid/Received:	Check #:	Amount:	Received by:
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspector Initials:	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	License Number:

REQUIRED INFORMATION FOR THE MINNESOTA DEPARTMENT OF REVENUE

Every licensee/applicant is required to provide either a MN Tax Identification Number or a Social Security Number if you do not have a MN Tax Identification Number. Your Social Security number is considered private data and will be treated as such as required by law.

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.

Business Name:	
Business LEGAL NAME ASSOCIATED WITH YOUR TAX ID NUMBERS AS IT APPEARS ON YOUR TAX RETURN DOCUMENTS:	
Owner Name:	
MN Tax Identification Number: _____	Owner's Social Security Number _____ - _____ - _____
Federal Employer Tax ID Number (FEIN): _____ - _____	

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.

Worker's Compensation Insurance Company Name	Policy Number	Dates of Coverage From: To:
OR, I certify that I am not required to carry workers' compensation insurance because (check one): <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.)		

By my signature below I declare that the above information is true and 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 Name, Printed	Applicant's Title
Applicant's Signature	Date