



216 4th Street N, Stillwater, MN 55082
651-430-8800
www.stillwatermn.gov

APPLICATION FOR HOTEL LICENSE

Hotel Licenses are issued annually and valid January 1 – December 31. Submit application, certificate of insurance and fee.

Please Print

Fees: \$150/year

Hotel Name/Legal Business Name: _____

Doing Business As: _____

Premise Address: _____ Stillwater, MN 55082

Phone: _____ Number of guest rooms in establishment: _____

☐ Yes ☐ No Does the applicant hold a license from any other community? If yes, state where, when and type. _____

☐ Yes ☐ No Has the applicant had a license denied, revoked, or suspended in any City or State? If yes, explain. _____

PROPERTY OWNER INFORMATION:

Full Name (last, first, mi): _____

Phone: _____ Email: _____

Business Name: _____ Doing Business As: _____

Business Address: _____

Business Type: ☐ Club ☐ Sole Proprietorship
☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership

State of Incorporation _____ Date of Incorporation _____

☐ Yes ☐ No Are property taxes on the licensed location current as of date of this application?

Taxes must be paid prior to issuance of license whether the building is owned by the applicant or not.

OFFICER/MANAGER/DIRECTOR INFORMATION (if different from listed above):

Name: _____

Address: _____

Phone: _____ Email: _____

PROPERTY CONTACT INFORMATION: *Applicant must provide 24-hour contact information for one person who is responsible for compliance with this and any other code requirement pertaining to the hotel, such as a property manager, who must reside in the Twin Cities seven-county metropolitan area or is able to respond to complaints within 60 minutes or less; - or- any of the owner's agents responsible for management of the hotel, such as a property management company and the name and contact information of a person at the property management company.*

Name of Manager or Person in Charge of Business _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

****Applicant must notify Clerk's office, in writing, of any changes to the names provided on the application.***

INSURANCE REQUIREMENTS

A Certificate of Insurance must be submitted with this application. Declarations and Binders are NOT acceptable. The certificate must list the following:

Business Name (Exact Legal Trade Name)
Doing Business As
Street Address, Suite/Room # (the Stillwater business address must be listed somewhere on the certificate)
City, State, Zip Code

AND the Certificate Holder information must read:

City of Stillwater
216 4th Street N
Stillwater, MN 55082

The certificate must include Liability Insurance **AND** Minnesota Workers' Compensation Insurance

Liability Insurance – The insurance policy must provide coverages in a minimum of the following amounts, unless otherwise required by law.

- Commercial General Liability Insurance, with a limit of \$1,000,000 per occurrence;
 - Automobile Liability Insurance, with a combined single limit of \$1,000,000 for each accident.
- ☐ Check here if business has no company vehicle.

Minnesota Workers' Compensation – A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements.

- ☐ 1. I have a workers' compensation insurance policy. (policy information must be listed on the submitted certificate of insurance).

OR

- ☐ 2. I am not required to have workers' compensation insurance because:
- ☐ I only use independent contractors and do not have employees.
 - ☐ I do not use independent contractors and do not have employees.
 - ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation)
 - ☐ I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Stat. §270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information for licensing authority: City of Stillwater

Minnesota Tax Id Number:_____ *If not available, please attach an explanation.*

Federal Tax ID Number:_____

OR if a Sole Proprietorship, Social Security Number:_____

By signing, *I agree to comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Stillwater, and I declare under penalty of perjury that all the information contained in this application and all supplemental information provided is true.*

Licensees and owners are responsible for the acts or omissions of any manager as it pertains to the hotel.

Signature of Applicant: _____ Date: _____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me a Notary Public on this _____ day of _____, 20____.

Notary Signature: _____

My Commission Expires on: _____

Office Use Only

Date Application Received: _____ Property Taxes Paid: _____

Any complaints on the Business within the past 3 years? ____Yes ____No

☐ Approved ☐ Not Approved, reason: _____

Place holder - PD

Signed by City Clerk: _____ Date _____