



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

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www.chisagocountymn.gov

Short-Term Rental Housing License Application

License period thru December 31, 2023

Property Information: License Type: New Renewal

Rental Property Address: _____ Parcel/Tax ID # _____

Property Name (if applicable): _____

***NOTE** if the rental property is in a City you must obtain City Acknowledgment on this application **PRIOR** to submitting the application to Chisago County. Additional restrictions may apply pursuant to your city. A license application cannot be accepted or license issued without proper city official acknowledgment signature below. Withdrawal of city approval voids all license status.

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 attesting to sleeping qtr./bedroom count. Bedrooms require minimum 70 sq. ft. habitable space; 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); working smoke detector present; and working carbon monoxide detector within 10 feet of the room.

Septic System Compliance:

Is the property served by a Subsurface Sewage Treatment System (SSTS - Septic System): YES NO

If **YES**, identify the **DATE** of the most current SSTS Compliance Certificate HERE:

***NOTE** if the SSTS Compliance Certificate date is over 3 years old a new Compliance Certificate is required and you must contact your local permitting & inspections authority to initiate new SSTS Compliance Certification permits/inspections.

Owner Information:

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

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____

Contact Phone: _____ Alternate Phone: _____

Property Manager/Agent: (In additional and/or if different than Owner)

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

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____

Office Phone: _____ Alternate Phone: _____

EMERGENCY 24 HOUR CONTACT INFORMATION:

CITY JURISDICTION/ACKNOWLEDGEMENT: If the subject property is located within the corporate limits of a City or within Lent Twp. you must provide City information and City Official Acknowledgement/Authorization. ****Additional restrictions and/or prohibitions may apply pursuant to your local jurisdiction. County License cannot be issued without City Official acknowledgement signature.****

Subject Property is located in the City of _____ (Fill in the City/Lent Twp. or list N/A accordingly)

City/Twp. Official Name (print): _____ Signature: _____ Date: _____

FEES AND RENEWAL:

- \$300 Annual license fee is non-refundable payable to Chisago County.
- New and/or annual renewal applications are due in January of each calendar year.

Applicant Agreement (read, provide associated information, 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 proof of property liability insurance coverage suitable for the liability coverage of the Short-Term Rental operation (Rental Endorsement or other "occasional rental use" acknowledgement on the policy) during the term of the license. **Initial Here:**
- I understand and have provided with my license application proof of Minnesota Department of Health (MDH) license and/or I indicate that the MDH Lodging License review of my Short-Term Rental is in process and will be provided upon issue or denial by MDH. **Initial Here:**
- I understand and attest that no past due property taxes are due or applicable concerning the short-term rental property. **Initial 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 will provide said Certificate of Compliance on demand.
- 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, watertight 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. I further certify and acknowledge that 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 _____

***By signing above you are attesting to your understanding and accuracy of the information presented and to your authority as the Property Owner and/or Authorized Agent and you acknowledge that you have the authority and responsibility to carryout and administer all Short Term Rental matters involving the subject property.*

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

Review Date: _____ Staff Member _____ Issued _____ Denied _____

License # _____ Notes: _____