



350 HIGHWAY 7, SUITE 230  
EXCELSIOR, MN 55331  
952.474.5233  
WWW.EXCELSIORMN.ORG

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Dear Short-Term Rental Property Owner –

Please find enclosed the 2025 Short Term Rental License Application Packet. The following is a checklist of the forms that must be completed and returned to the City of Excelsior.

- ☐ 2025 Short Term Rental License Application Form (Enclosed)
- ☐ Minnesota Business Tax Identification Certificate of Compliance (Enclosed)
- ☐ Certificate of Compliance, Minnesota Worker's Compensation Law Form (Enclosed)
- ☐ Affidavit of Primary Residence (if located in R1 or R1 Residential District – Enclosed)
  - Please note, this form must be notarized and requires submission of supporting documentation.
- ☐ Check made out to City of Excelsior for full license fee amount.
  - \$200 per building
  - \$50 for each additional unit

Completed applications can be emailed, mailed, or dropped off at City Hall. Please note, City Hall is open Monday-Thursday, 7:30AM-5:30PM.

If you have any questions on any of the above forms or the renewal process, please feel free to contact me at 952-653-3675 or [tbajda@excelsiormn.org](mailto:tbajda@excelsiormn.org). Thank you!

Theresa Bajda  
City Clerk



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## 2025 SHORT TERM RENTAL LICENSE APPLICATION

License fee:

\_\_\_\_\_ \$200 per building  
\_\_\_\_\_ \$50 per additional unit

### SHORT TERM PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Residential (R1 or R2) \_\_\_\_\_ Commercial (downtown, cottage, mixed-use)

Type of Building: \_\_\_\_\_ Single Family \_\_\_\_\_ Duplex/Townhome \_\_\_\_\_ Mixed Use Commercial Building

\_\_\_\_\_ Triplex \_\_\_\_\_ Other (please describe)

Tax Parcel ID Number: \_\_\_\_\_

Number of Dwelling Units: \_\_\_\_\_ Number of Legal Bedrooms in unit: \_\_\_\_\_

\*If multiple dwelling units (commercial districts or landmark properties), please provide number of legal bedrooms for each dwelling unit in the space below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Listing Services Short Term Rental will be Advertised:

\_\_\_\_\_  
\_\_\_\_\_

### PROPERTY OWNER INFORMATION

Applicant: \_\_\_\_\_

Property Owner (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Will the property owner be present during renters stay? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Manager Name (if applicable): \_\_\_\_\_

Property Manager Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## IMPORTANT INFORMATION

- **GOVERNMENT DATA PRACTICES ACT – TENNESSEN WARNING:** The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted and as such will be available to the general public upon written request. (Minn Stat. §13.41)
- Every Licensee shall promptly notify the City of Excelsior of any changes in names, addresses and other information concerning the person(s) listed on the application within 72 hours of change. This license is not transferable to another person or to another rental dwelling unit (Sec. 10-1302)
- It is the responsibility of the licensee to ensure that every short-term rental is maintained in compliance with all city ordinances and state laws. A violation of any federal, state, or local laws constitutes a public nuisance and may be enforced as provided for in Code (Sec 10-1304).
- Every owner of a short-term rental shall post a notice on the premises, inside by the front door, containing the following information (Sec. 10-1306):
  - The property address.
  - The name, address, and 24-hour contact phone number of the short-term rental operator.
  - The city license with a receipt showing that the license fee for the current year has been paid.
- The license number and expiration date must be listed on any platform or website used for advertising purposes (Sec. 10-1304).
- No commercial signage is allowed on the property of a short-term rental located in a residential district (Sec. 10-1304).
- If located in the R1 or R2 zoning district, an affidavit of primary residence must be filed with the City (Sec. 10-1302).
- In accordance with Minn. Stat. § 299C.67-68, a Property Owner shall request a criminal background check on any Residential Property Manager employed by the Property Owner. By signing this application, the Property Owner certifies that he/she will comply with Minn. Stat. § 299C.67-68.

## APPLICANT ACKNOWLEDGEMENT

The undersigned acknowledges that he/she is the property owner or is legally responsible for the property and that he/she can rent this property, that this application has been read, that the information provided on this application is accurate, and further agrees to comply with the City of Excelsior short term rental ordinance.

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Signature of Property Owner

Print Name

Date

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Signature of Property Manager

Print Name

Date



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## Minnesota Tax Identification Certificate of Compliance

### NOTICE

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72 Tax Clearance; Issuance of Licenses), the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

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 or renewal of your license, in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
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 license issuance or renewal application.

Please supply the following information and return, along with your application, to the licensing authority:

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Applicant's Last Name	First Name	Middle Name
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Applicant's Address	City	State	Zip
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Applicant's Social Security No.

If Applicable:

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Business Name	DBA
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Business Address	City	State	Zip
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Minnesota Tax Identification No.

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Signature of Applicant	Print Name	Date
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E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
Phone: (651) 284-5034

## 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.)

**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
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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.

### Primary Residence Affidavit

I/We, \_\_\_\_\_, and \_\_\_\_\_ swear or affirm under penalty of perjury under the laws of the State of Minnesota that the following are true:

- 1) I/We am (are) the owner(s) of real property with the address of:

\_\_\_\_\_

- 2) I/We am (are) providing at least one of the following: Driver's license, Minnesota state identification card, voter registration, or tax documents with the Excelsior property address and owner(s) names listed.
- 3) That I/We am (are) currently occupy the property for at least 183 days out of the year and I/We are residents of the State of Minnesota.

Please initial next to the document presented for proof of primary residence.

\_\_\_\_\_ Driver's License

\_\_\_\_\_ Minnesota State Identification Card

\_\_\_\_\_ Voter Registration

\_\_\_\_\_ Tax Documents

I declare under penalty of perjury under Minnesota Statutes §609.48, that the foregoing is true, correct, and complete.

Signature of Property Owner: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Dated: \_\_\_\_\_

STATE OF MINNESOTA )

) ss.

COUNTY OF \_\_\_\_\_ )

The foregoing Primary Residence Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY STAMP OR SEAL