



**STEARNS COUNTY
VACATION RENTAL
CONSULTATION FORM**

Stearns County Environmental Services Department
Stearns County Service Center - 3301 County Rd 138 - Waite Park, MN 56387
320-656-3613 - 800-450-0852 - Fax 320-656-6484

Vacation Rental Licensing Process

Property owners intending to rent out their homes on a short-term basis (less than 30 consecutive days) are subject to the following process to become a Vacation Rental:

Step One Property owners verify the property is eligible for a Interim Use Permit (IUP) by calling the Land Use Division at 320-656-3613. If the property is eligible for a IUP, then

Step Two Complete the Vacation Rental Consultation process with the Environmental Health Division by submitting this packet with the inspection fee of \$250.00 payable to Stearns County. If the home is found eligible for a Lodging License, then

Step Three Complete the IUP process with the Land Use Division, the fee is \$550.00. If the IUP is granted, then

Final Step Apply for the Lodging License with the Environmental Health Division. The annual Lodging License fee is \$290.00 base fee + \$7(# of sleeping rooms). Once the Lodging license is issued, the Vacation Rental will be inspected at a minimum of one time per year.

Business/Facility Identification

Name as it will appear in advertisements: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Property Parcel No: _____ Township: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Licensee/Owner Identification

Name: _____ Social Security / Individual Taxpayer ID number is required on attached form.

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact person for establishment: _____ Phone: _____

Contact person E-mail: _____ Relationship to Owner: _____

Caretaker Name: _____ Phone: _____ Email: _____

Caretaker Address: _____ City: _____ State: _____ Zip: _____

Mailing address: Business Licensee/Owner or Caretaker

Water and Wastewater Systems

Onsite sewage treatment system

Municipal sewage system

Onsite water well

Municipal water supply

Operating Information

Proposed Opening Date: _____ Year-Round or Seasonal

If, Seasonal Months Open: _____

Hours: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

Zoning Approval YES NO **If NO, the home is not eligible for the Vacation Rental License.** Call the Zoning Department to determine properties eligibility prior to application.

Pool or Spa YES NO **If YES, complete a Plan Review with MDH and then after the plan approval, submit a Pool License Application with Stearns County**

Preparing Food For Guests YES NO **If YES, complete a Plan Review with Stearns County and then after approval, submit a Food Service License Application**

Ensure to Submit

- Submit a drawing of the homes layout/floor plan to scale showing room types, dimensions, and sleeping capacities.
- Indicate window locations, dimensions, distance from the floor to bottom of window sill and year of install using the included worksheet.
- Indicate locations of smoke detectors, carbon monoxide detectors and the location of a fire extinguisher on the homes layout/floor plan.

Number of Sleeping Rooms #: _____

Consultation Fee

\$250.00 inspection fee is due with this application payable to Stearns County. The fee is nonrefundable.

Declaration

I declare that this information is correct. I agree to comply with the laws and rules of the State of Minnesota and Stearns County. I understand that failure to comply with the laws and rules may result in delays in issuing my license to operate.

Applicant's Signature _____ **DATE** _____

Applicant's Printed Name _____

Completed applications, including all supporting materials are to be submitted with payment payable to Stearns County. Submit all materials and payment to Stearns County Environmental Health Division, Administrative Center, 705 Courthouse Square Room 343, St. Cloud, MN 56303. Payment can also be made after submitting completed documents by email to foodbeverage@co.stearns.mn.us and then calling our office with credit card information.

<u>FOR OFFICE USE ONLY</u>	
Receipt #: _____	Amount Received: _____ <input type="checkbox"/> Check or <input type="checkbox"/> Credit Card
Eligible for Lodging License: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Referred to Land Use Staff: _____	
Inspection Date: _____	EH Staff: _____



Escape Window Worksheet

Complete one worksheet for each room that will be used for sleeping quarters. Identify the date of window installation, location of room in structure, and provide a room identifier..

ROOM IDENTIFIER (ex. Bedroom #1 or Bedroom A)

From the proper schematic below, provide values (in inches)

H= **W=** **S=**

Date of Window Installation:
Check timeframe

Installed Prior to July 10, 2007

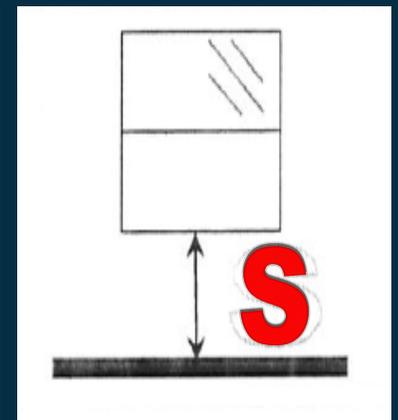
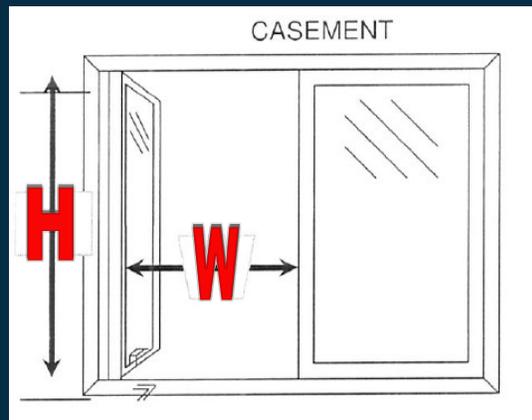
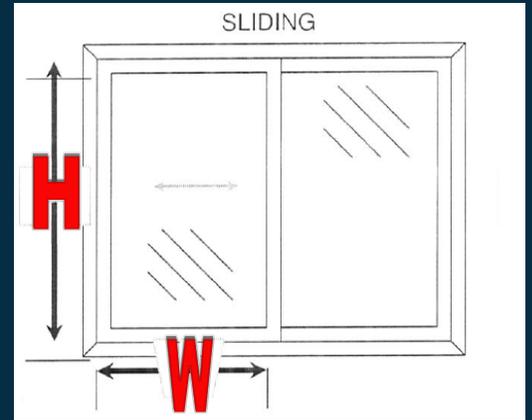
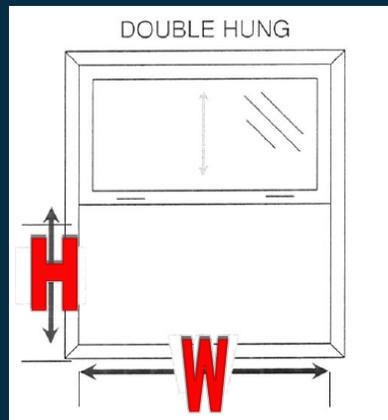
Installed On/After July 10, 2007

Location of Windows:
Check appropriate Location

Above Level of Exit Discharge (2nd Story)

Ground Floor Windows

Below Level of Exit Discharge (Basement)



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