

From: [Fischbach, Jeffrey \(CI-StPaul\)](#)
To: [Zimny, Joanna \(CI-StPaul\)](#); [Imbertson, Mitchell \(CI-StPaul\)](#)
Cc: [Vang, Mai \(CI-StPaul\)](#); [Voyda, Joseph \(CI-StPaul\)](#); [Muhammad, Akbar \(CI-StPaul\)](#); [Hudak, Eric \(CI-StPaul\)](#); [Moermond, Marcia \(CI-StPaul\)](#)
Subject: 353 Larch St - Auto Body Repair/Painting Shop License Renewal Requirements (ID#20060003742)
Date: Tuesday, February 23, 2021 1:36:26 PM
Attachments: [image004.png](#)
[image005.png](#)
[image006.png](#)
[310.02 b 2021-02-23.docx](#)
[Larch0353_Renewal_Invoice_2021-02-23.pdf](#)
[image002.png](#)

Joanna,

To make the City Auto Body Repair/Painting Shop license for this location current the following actions need to be completed:

1. Submit to DSI payment of the license and late fees totaling \$646.00 as per invoice on page 1 & 2 of the attached document.
2. Submit to DSI a completed Certificate of Compliance Minnesota Workers' Compensation Law form (page 3 of attached document).
3. Submit written documentation demonstrating a satisfactory resolution of the tax forfeiture in accordance with attached Section 310.02 (b) of the City's Legislative Code.

Thanks,

Jeff Fischbach

From: Zimny, Joanna (CI-StPaul) <joanna.zimny@ci.stpaul.mn.us>
Sent: Tuesday, February 23, 2021 1:18 PM
To: Imbertson, Mitchell (CI-StPaul) <mitchell.imbertson@ci.stpaul.mn.us>; Fischbach, Jeffrey (CI-StPaul) <jeffrey.fischbach@ci.stpaul.mn.us>; Diatta, YaYa (CI-StPaul) <yaya.diatta@ci.stpaul.mn.us>
Cc: Vang, Mai (CI-StPaul) <mai.vang@ci.stpaul.mn.us>; Voyda, Joseph (CI-StPaul) <joseph.voyda@ci.stpaul.mn.us>; Muhammad, Akbar (CI-StPaul) <akbar.muhammad@ci.stpaul.mn.us>; Hudak, Eric (CI-StPaul) <Eric.Hudak@ci.stpaul.mn.us>
Subject: RE: 353 Larch St

Inspector Imbertson,

To clarify, ownership is with the state (administered by Ramsey County) because it forfeited for non-payment of taxes. They are now applying to the County board to re-purchase.

Anthony Constanza is the one who submitted the repurchase application.

Thanks,

Joanna



Joanna Zimny
Legislative Hearing Executive Assistant
Legislative Hearing Office
Pronouns: she/her/hers
Saint Paul City Hall
Suite 310
15 W. Kellogg Blvd.
Saint Paul, MN 55102
P: 612-266-8515
joanna.zimny@ci.stpaul.mn.us

Sec. 310.02. - Application.

- (b) *Taxes.* No person shall be granted a license or a renewal of a license required by the Saint Paul Legislative Code unless, prior to and in addition to any other requirements, rules or ordinances heretofore or hereafter required, the Ramsey County Department of Property Taxation certifies that said applicant has paid any and all taxes, real or personal, before said taxes become delinquent, on any property, real or personal, situated within the City of Saint Paul and used in connection with the business operated under said license.

Notwithstanding the previous paragraph, the council, the director or the inspector may issue or renew a license if it is found that:

- (1) The applicant has made an agreement satisfactory to the Ramsey County attorney to pay delinquent taxes in periodic installments;
- (2) The applicant has properly commenced a proceeding to contest the amount of tax due or the valuation of his property, and has made all partial payments required by law in connection with such proceeding; or
- (3) The business property with respect to which taxes are delinquent is not owned by the applicant, but by a lessor, and it would be inequitable to require the lessee to pay such taxes.

If a license is issued or renewed because of the existence of an agreement as described in subsection (1) above, the license may be revoked if the licensee defaults upon such agreement.



Renewal Invoice

CITY OF SAINT PAUL

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 PHONE: (651) 266-8989
 FAX: (651) 266-9124
 An Equal Opportunity Employer

February 23, 2021

ANTHONY T COSTANZO
 TONY'S AUTO BODY
 353 LARCH ST
 ST PAUL MN 55117

BUSINESS PHONE: 651-646-7647

Invoice # : 1104089
 Invoice Due Date : Upon Receipt
 Account Balance: \$646.00
Pay this Amount: \$646.00

Transaction Description	Transaction Total
Inv: 1090704 060003742 Auto Body Repair/ Painting Shop Expires: 11/01/2020 @ 353 LARCH ST	462.00
Inv: 1100106 Late Fee 7-30 days late (10%)	46.00
Inv: 1101069 Late Fee 31-60 days late (10%)	46.00
Inv: 1102672 Late Fee 61-90 days late (10%)	46.00
Late Fee 91-120 days late (10%)	46.00

Requirements	Invoice Amount Due: \$646.00
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Your account is overdue. Please mail payment today!!
 *All auto body repair garages must have a spray booth on site.

Your Taxpayer Identification is on file. Thank you.

Please give us your email address: _____

Please return this invoice with your payment!

Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)
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BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)
--

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other:..

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.