

CITY OF RICHFIELD
DEPARTMENT OF PUBLIC SAFETY
6700 PORTLAND AVENUE SOUTH
RICHFIELD, MN 55423

APPLICATION OF ITINERANT ACTIVITY LICENSE

This application is a two-part application. Both parts must be completed before the application can be submitted for consideration.

This portion of the application must be completed by each individual who will actually conduct the activity for which the license is required.

PART II

A. Name of applicant _____
Last First Full Middle

Date of birth _____

Home Address _____
Street City/State Zip

Home Phone _____ Business Phone _____

Previous home address for last 5 years:

B. Name of Business _____

C. Beginning & Ending dates of activity _____

D. Location where activity will be conducted _____

E. Check here if you have ever been convicted of a crime, including a felony, misdemeanor or city ordinance violation, other than a minor traffic offense _____. You must supply information pertaining to the nature of the offense and conviction date.

I understand that submitting a false or incomplete application is immediate grounds for denial and declare that the information I have provided is true and correct.

Signature of applicant _____ Date _____

PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permission to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Section 176.181 Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable tot he Special Compensation Fund.

Provided the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for worker's compensation.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(or)

I am not required to have worker's compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICNESES, PERMITS, AND WORKER'S COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

SIGNATURE

DATE

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION**
(Tennessen Warning)

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A. 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension Office, State of Minnesota – Driver License Section, Hennepin County Auditor, Other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledge that he/she has read and understood the contents of this notice.

DATE: _____

SIGNATURE

FORM SP:C1
LICENSE APPLICANT

Pursuant to Minnesota Statute 270.70 Tax Clearance: Issuance of License: The licensing authority is required to provide to 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, 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 license issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: _____
(Name of city, county, or state agency issuing license)

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION

Applicant's Name: _____

Applicant's Address: _____

City County State Zip

Social Security Number: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City County State Zip

Minnesota Tax Identification No.: _____

Federal tax Identification No.: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

SIGNATURE TITLE (Officer, Partner, etc.) DATE

