



COMMUNITY DEVELOPMENT - LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345

Phone: 952/939-8274
Fax: 952/939-8244
Email: vnorthway@eminnetonka.com

TO: APPLICANT FOR AUTOMOBILE FUEL STATION LICENSE

FROM: VALERIE NORTHWAY, LICENSING COORDINATOR

Attached are the license application forms for "Automobile Fuel Station" and a copy of Minnetonka City Code §635 regarding this type of business.

The application forms and other items you are to provide are the following:

1. Minnetonka Application form
2. Minnesota Business Tax Identification form
3. Minnesota Workers' Compensation Insurance form
4. For license fee, follow this link to the [License Fee Schedule](#) for the current year – look under Automobile Fuel Station.
Make checks payable to "City of Minnetonka".

Complete the forms (#1-3). Mail the completed forms together with the Grand Total fee (#4) to the address shown above. If you need assistance to determine the Grand Total fee, please call me.

The licensing year is January 1 through December 31 and the licensing fee may not be pro-rated.

An annual renewal notice will be sent approximately 30 days prior to the expiration date – to the address you designate on the application. However, if the renewal forms do not reach you, it is your responsibility to contact the city to renew your license every year before your license expires each December 31.

If you have any questions or need my assistance, please call or contact me (see top of page).



Application Form:
AUTOMOBILE FUEL STATION _____
(year)

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INSTRUCTIONS: The information you provide is critical; an incomplete application or any incorrect information is a violation of the City Ordinance and can result in denial of licensing and/or prosecution.

1. You must fill it in every line (even if your response is Not Applicable = "N/A"). Please print.
2. Be sure three telephone numbers are entered – one in each division below.
3. Signature must be that of an owner/officer.

ESTABLISHMENT INFORMATION:

Name: _____

Manager or agent of owner: _____

Address: _____

City, State, Zip: _____

Establishment telephone #: () _____

LICENSEE INFORMATION (this must be a corporation, partnership, or individual who owns):

Name: _____

Owner Telephone #: _____

Officer: _____

() _____

Address: _____

City, State, Zip: _____

BILLING INFORMATION – send all notices, renewals, & licenses to the following:

Name: _____

Licensing agent telephone #: _____

Attn: _____

() _____

Address: _____

City, State, Zip: _____

FEE (from License Fee Schedule) – make checks payable to the City of Minnetonka

<u>Annual Fee (see attached Fee Schedule)</u>	=	\$	+
The fee of \$_____ per dispensing station (see <u>fee schedule</u>)			
times _____ dispensing stations	=	\$	
Add the two sections above for the Grand Total =		\$	

I, THE UNDERSIGNED, AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE CITY CODE OF THE CITY OF MINNETONKA NECESSARY FOR OBTAINING THIS LICENSE. NOW, THEREFORE, I HEREBY MAKE APPLICATION TO OPERATE THE ABOVE NAMED ESTABLISHMENT SUBJECT TO ALL CONDITIONS AND PROVISIONS OF THESE ORDINANCES.

Authorized Signature _____

Print name: _____

Date _____

Print title: _____

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.

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.

NAME UNDER WHICH THE MN TAX ID IS FILED (<u>licensee</u> name)				Type of license applying for:	
				Automobile Fuel Station	
Licensee: Address	L City	L State	L Zip	L Phone	
Establishment: Name				Minnetonka License Number (completed by Minnetonka)	
Establishment: Address	E City	E State	E Zip	E Phone	
Minnesota Tax Identification Number			Federal Tax Identification Number		

Be sure to sign and date at bottom of form.

INSTRUCTIONS FOR BOXES BELOW:

1. **If all boxes above are completed, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.**
2. **However, if all boxes above are not completed, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)**

Applicant's (person's) name (LAST, first, middle initial)		Social Security Number
Home address	Home City, State, Zip code	Home Phone number
<input type="checkbox"/> Check if address is for both home & business		

Signature: _____ **Date:** _____

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 – local establishment name – only if different than above)

DBA/LOCAL 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
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NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF YOU ARE 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.

MINNETONKA CODE OF ORDINANCES

SECTION 635. AUTOMOBILE FUEL STATIONS.

635.005. Definition.

The term “automobile fuel station” as used in this chapter means all premises where the business of selling gasoline, lubricating oils and accessories for motor vehicles is conducted.

635.010. License Required.

A person, firm or corporation must not engage in the business of operating an automobile service station in this city without obtaining a license to do so.

635.015. Application.

An application for a license must be made to the community development department on a form supplied by the city and will be subject to the requirements of section 700, except section 700.015(2). The application must be accompanied by the fee specified in section 710.

635.020. License Transfer.

A license may be transferred to a new owner upon approval of the community development director and payment of the transfer fee established in section 710.

635.025. Regulations.

The premises occupied or used as an automobile fuel station must comply at all times with the requirements of the state or city fire marshal, and with all laws or ordinances applicable to the construction of buildings to be used as automobile service stations. Storage of junked or partly dismantled automobiles, or their parts, for more than five days is prohibited, except in an appropriate building. The business of selling new or used automobiles or boats on the premises is prohibited. Discarded oil cans and debris must be kept in appropriate container.