



COMMUNITY DEVELOPMENT – LICENSING  
14600 MINNETONKA BLVD  
MINNETONKA, MN 55345

Phone: 952/939-8274  
Fax: 952/939-8244  
Email: [vnorthway@eminnetonka.com](mailto:vnorthway@eminnetonka.com)

TO: APPLICANT FOR COIN OPERATED AMUSEMENT MACHINE LICENSE

FROM: VALERIE NORTHWAY, LICENSING COORDINATOR

Attached are the license application forms for “Coin-Operated Amusement Machines” and a copy of Minnetonka City Code §620 regarding this type of business.

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

1. Minnetonka Application/License form
2. Minnesota Business Tax Identification form
3. Minnesota Workers' Compensation Insurance form
4. Certificate of General Liability form – your agent should use the attached form or follow the required limits shown on it and supply proof of insurance using their form, listing the City of Minnetonka, Licensing, 14600 Minnetonka Blvd, Minnetonka, MN 55345 as the certificate holder.
5. For license fee, follow this link to the [License Fee Schedule](#) for the current year – look under Coin Operated Amusement Devices  
Make checks payable to “City of Minnetonka.”

**Complete the forms (#1-4). Then mail all the completed forms together with the fee (#5) to the address shown above.**

The licensing year is January 1 through December 31 and the licensing fee may not be pro-rated. The application will be processed within seven days. The signed/approved Application/License will be mailed to you, along with stickers to be placed on each licensed machine.

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/License for  
**COIN-OPERATED AMUSEMENT MACHINES**  
 CITY OF MINNETONKA - \_\_\_\_\_  
 (YEAR†)

COMMUNITY DEVELOPMENT – LICENSING  
 14600 MINNETONKA BLVD  
 MINNETONKA, MN 55345

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

<b>FOR OFFICE USE ONLY</b>	<b>FOR OFFICE USE ONLY</b>
<p>When signed by the Director &amp; returned to you, this application becomes your LICENSE.</p> <p>Approved by: _____          Community Development Director</p>	<p><b>LICENSE NUMBERS:</b> _____</p> <p><b>LICENSE PERIOD:</b>          February 1, _____ through January 31, _____</p>

**Vendor's name:** \_\_\_\_\_

**Vendor's address:** \_\_\_\_\_  
Street City State Zip

**Telephone number:** ( ) \_\_\_\_\_ **Contact person's name:** \_\_\_\_\_

**The following list of machines are installed at these location(s) as of today's date:** \_\_\_\_\_

	Business's Name	Address	# of machines
1.			
2.			
3.			
4.			
5.			
6.			

For additional locations (over 6), use a separate page and carry that subtotal # here: \_\_\_\_\_

**Grand Total of Machines:** \_\_\_\_\_

**TOTAL FEE ENCLOSED:** \$\_\_\_\_\_ per machine (from attached License Fee Schedule) **X (times)** \_\_\_\_\_ (# of machines) = \$\_\_\_\_\_

**IF A CORPORATION, THIS APPLICATION MUST BE SIGNED BY AN OFFICER OF CORPORATION.**

I (we), the undersigned, have complied with all requirements of the 1999 Code of Ordinances of the City of Minnetonka necessary for obtaining this license. Now, therefore, I (we) hereby make application to operate on said license subject to all conditions and provisions of these ordinances.

\_\_\_\_\_  
 Applicant's Signature Date Type/print name and 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.

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

**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.)**

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

**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)	
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

**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.

**GENERAL LIABILITY INSURANCE CERTIFICATE**  
 (or ask insurance company to send their form – indicating limits shown on page 2.)

The undersigned is an authorized representative of \_\_\_\_\_  
 Name of Insurance Company

which is the insuring company for \_\_\_\_\_  
 Applicant's Name (Individual, Corporation, Partnership)

d/b/a or trade name \_\_\_\_\_

the applicant for a Minnetonka license for \_\_\_\_\_  
 Type of License

In compliance with the Code of Ordinances of the City of Minnetonka, we certify as follows:

1. We have fully read, and checked for compliance, the requirements of insurance set forth in the City Ordinances (as appear on next page) .

2. The applicant has in effect insurance that complies in every respect with the requirements of insurance set forth in the City Ordinances, including all of the conditions specified:

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No: Any required coverage that is not included under this certificate and will be covered by a separate certificate is as follows)

General Liability Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3. Any required coverage that is not included under this certificate and will be covered by a separate certificate is as follows): \_\_\_\_\_

4. Name, address, and telephone number of the insurance agent for the coverage included in this certificate is:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

5. The insurer handling the errors and omissions coverage for the agent is: \_\_\_\_\_

The limits of coverage are: \_\_\_\_\_

6. **CANCELLATION:** In the event of cancellation of this policy, reduction below the coverage limits provided in the City Ordinances, or expiration without renewal, 10 days advance written notice shall be given to the License Coordinator in Community Development at the City of Minnetonka offices. If the reason is nonpayment of premium, 30 days advance notice is required for other reasons.

\_\_\_\_\_  
 Insurance Company Authorized Representative Signature

\_\_\_\_\_  
 Date Print or type above signature

**INSURANCE AGENT OR COMPANY IS TO LIST CERTIFICATE HOLDER AS Community Development, Licensing.**  
**MAIL TO: Community Development, City of Minnetonka, 14600 Minnetonka Blvd, Minnetonka, MN 55345**

**REQUIRED COVERAGE LIMITS ARE LISTED ON PAGE 2**

**IMPORTANT:**    *ALL LIABILITY POLICIES SHALL NAME AS AN ADDITIONAL-INSURED PARTY:*  
   *CITY OF MINNETONKA*  
   *COMMUNITY DEVELOPMENT*  
   *14600 Minnetonka Boulevard*  
   *Minnetonka, MN 55345*  
   *Please do not address certificates to an employee' s name or title.*

**CONTRACTORS: HVAC, GAS/OIL PIPING, SWIMMING POOL, AND \* EXCAVATOR**

Bodily Injury	\$500,000	each claim
	500,000	each occurrence
Property Damage	100,000	

\* Excavators must have a policy that covers explosion and underground hazards.

**WASTE COLLECTION AND DISPOSAL (covering all vehicles)**

Bodily Injury	\$100,000	each claim
	300,000	each occurrence
Property Damage	50,000	

**AUTOMOBILE SERVICE STATIONS,  
COIN OPERATED AMUSEMENT DEVICES  
**PLACES OF ENTERTAINMENT (indoor theater, bowling alley, roller skating rink, etc.),****

Bodily Injury	\$500,000	each claim
	500,000	each occurrence
Property Damage	100,000	

**FOOD ESTABLISHMENTS AND FOOD VENDING MACHINES,  
PET SHOPS,  
PUBLIC SWIMMING POOLS/WHIRLPOOL AND SPAS,  
TATTOOING**

Bodily Injury	\$500,000	each claim
	500,000	each occurrence
Property Damage	100,000	

**MASSAGE, BUSINESS**

Bodily Injury	\$1,000,000	each claim
	1,000,000	each occurrence
Property Damage	1,000,000	

# MINNETONKA CODE OF ORDINANCES

## SECTION 620. AMUSEMENT DEVICES.

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### **620.005. Definition.**

The term “coin operated mechanical amusement device” means any machine, which upon the insertion of a coin, slug, token, plate or disc, may be operated by the public generally for use as a game, entertainment or amusement, whether or not registering a score. It includes such devices as marble machines, pinball machines, skill ball, mechanical grab machines, mechanical rides intended for use by children such as merry-go-rounds, horses, ferris wheels, etc; carnival, fair, and/or festival rides, and all similar games, operations, or transactions under whatever name they may be indicated.

### **620.010. License Required.**

A person, firm, corporation or association must not display for public use any coin operated mechanical amusement device without obtaining a license for it and paying the fee established in section 710. Applications for a license must be made to the community development department and must include verification of the insurance required in section 700.020.

### **620.015. License Conditions.**

The license or licenses obtained must be posted permanently and conspicuously at the location of the machine in the premises where the machine is to be operated.