



COMMUNITY DEVELOPMENT – LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345
Phone: (952) 939-8274
Fax: (952) 939-8244
Email: kleervig@eminnetonka.com

TO: APPLICANT FOR COIN OPERATED AMUSEMENT MACHINE LICENSE

FROM: Kathy Leervig, 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.

Please complete the following forms and return to the above address:

1. Minnetonka Application/License form
2. Minnesota Business Tax Identification form
3. Minnesota Workers’ Compensation Insurance form
4. Certificate of General Liability (request this from your insurance company) indicating proof of insurance: Bodily Injury \$500,000 each claim and each occurrence; Property Damage \$100,000.
5. License fee – The fee is \$15.00 per machine. Make checks payable to City of Minnetonka.

The licensing year is January 1 through December 31 and the licensing fee cannot 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, please call me at (952) 939-8274.



**COIN-OPERATED AMUSEMENT
MACHINES for _____
(year)
Application Form**

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FOR OFFICE USE ONLY	
When signed by the Director & returned to you, this application becomes your LICENSE.	
Approved by: _____ Community Development Director	LICENSE NUMBERS: _____
LICENSE PERIOD: January 1, _____ through December 31, _____	

Vendor's Name			
Vendor's Address			
Business Phone		Contact 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, use a separate page and carry that subtotal # here			
Grand Total of Machines			
Total Fee = \$15.00 x _____ 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

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: Coin Operated Amus. Machines	
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

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.

MINNETONKA CODE OF ORDINANCES

SECTION 620. AMUSEMENT DEVICES.

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.