



COMMUNITY DEVELOPMENT – LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345

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

TO: APPLICANT FOR PLACES OF ENTERTAINMENT:
BILLIARD PARLOR/POOL HALL, BOWLING ALLEY, ROLLER SKATING RINK,
OR MOVING PICTURE THEATER

FROM: VALERIE NORTHWAY, LICENSING COORDINATOR

Attached are the license application forms for “ Places of Entertainment” , which includes the following categories: billiard parlor/pool hall, bowling alley, roller skating rink, or moving picture theater.

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. Minnetonka proof of General Liability Insurance 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 the individual entertainment category above for the related fee. 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 application will be processed within seven days. However, Environmental Health staff will determine if the license is returned to you by mail or must be delivered by their staff when they give final approval at the final inspection.

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

An annual renewal notice will be sent approximately 30 days prior to expiration. However, if the renewal forms do not reach you, it is your responsibility to contact the city to renew your license every year by December 31.

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



Application Form (check one)	
<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Billiard Parlor
<input type="checkbox"/> Roller Skating Rink	<input type="checkbox"/> Pool Hall
<input type="checkbox"/> Moving Picture Theater	

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 (952) 939-8274
 Fax (952) 939-8244

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.

TYPE OF LICENSE REQUESTED: _____ **YEAR:** _____

ESTABLISHMENT INFORMATION:

Name: _____
 Address: _____
 City, State, Zip: _____
 Establishment telephone #: () _____

Manager or agent of owner:

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

Name: _____
 Officer: _____
 Address: _____

MN Tax ID #: _____
 Owner Telephone #: _____
 () _____

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

Name: _____
 Attn: _____
 Address: _____

Licensing agent
 telephone #: _____

FEE included (see [License Fee Schedule](#) -- make checks payable to " City of Minnetonka"): \$ _____

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 name</u>)				Type of license applying for:	
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.



GENERAL LIABILITY INSURANCE CERTIFICATE
Insurance Coverage Required by City Ordinance

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 back side or 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*.
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:

COMMUNITY DEVELOPMENT

CITY OF MINNETONKA

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

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	