

CONSIGNMENT HOUSE & TRADER

Office of the City Clerk
City of Robbinsdale
(City Code Section 1135)

LICENSE APPLICATION

Annual Fee: \$100
\$500 Initial Investigation Fee
\$200 Renewal Investigation Fee

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES

(Provide in full the first, middle and last names where requested)

Applicants Full Name (NO initials or nicknames)		Trade Name or D.B.A.	
Business Address		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Are you a U.S. citizen? ___ Yes ___ No If not, do you have resident alien status? ___ Yes ___ No			
Have you ever applied for a similar license in any other location? ___ Yes ___ No If yes, provide name of city and also name of state in not in Minnesota. _____ _____			
Do you now have a similar business in any other location? ___ Yes ___ No If yes, provide address and telephone number of the similar business _____ _____ Phone No. () _____			
The applicant must submit all of the following with this application (check each item to indicate it is attached): ___ A. Certificate of General Liability Insurance (not less than \$1,000,000 combined single limit) ___ B. Minnesota Tax/Workers Compensation form ___ C. Applicable fees			

Provide names, address and phone numbers of three business references from the metropolitan area:

_____	_____	_____
() _____	() _____	() _____

Provide names, address and phone numbers of three financial references from the metropolitan area:

_____	_____	_____
() _____	() _____	() _____

PROVIDE THE INFORMATION REQUESTED FOR ALL PARTNERS, OFFICERS OR ANY PERSON(S) HAVING A BENEFICIAL INTEREST IN THE BUSINESS.

Wherever a name is given, provide the full legal first, middle and last name - NO INITIALS OR NICKNAMES.

1) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

2) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

3) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

USE ADDITIONAL SHEETS IF NECESSARY

Applicant Signature: _____ Date: _____

**** FOR OFFICE USE ONLY ****

REPORT BY POLICE DEPARTMENT

This is to certify that the applicant named herein has not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to Consignment House Dealers, except as follows:

Investigation fee charge \$ _____.

BY: _____ DATE: _____
Chief of Police

REPORT BY CITY PLANNER

This is to certify that the property/business for which licensing is being requested meets all zoning requirements regulating Consignment House Dealers, except at follows: _____

BY: _____ DATE: _____
City Planner

REPORT BY BUILDING OFFICIAL:

This is to certify that the building for which licensing is being requested meets all building code requirements for Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____

Building Official

REPORT BY FIRE DEPARTMENT

This is to certify that the building for which licensing is being requested meets all fire code requirements for Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____

Fire Chief/Marshal

REPORT BY CITY CLERK

This is to certify that the building for which licensing is being requested meets all license code requirements for Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____

City Clerk

CITY COUNCIL PUBLIC HEARING:

Public Hearing date: _____

Notice of Public Hearing to SunPost by _____

For publication on _____ (10 days before meeting)

Mail hearing notice to applicant by _____

Prepare memo/forward to City Manager by _____

Final Action:

_____ Approve Conditions for approval: _____

_____ Denied Reasons for denial: _____

Fee of \$ _____ reimbursed on _____ .

BY: _____ TITLE: _____

MINNESOTA TAX CLEARANCE AND WORKERS COMPENSATION LAW

- 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 use of this information: (1) This information may be used to deny insurance, 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 issuance of your license or processing your renewal application.
- Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:			
PERSONAL INFORMATION			
APPLICANT'S NAME (LAST, FIRST, MI):			SOCIAL SECURITY NUMBER
HOME ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
BUSINESS INFORMATION			
BUSINESS NAME:			
BUSINESS ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
MINNESOTA TAX IDENTIFICATION NUMBER:		FEDERAL TAX IDENTIFICATION NUMBER:	
IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:			

WORKERS COMPENSATION INSURANCE:

Provide certificate of insurance with the City of Robbinsdale listed as a certificate holder, unless below applies:

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and I have no employees **OR** I am self insured (include permit to self-insure)

I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: Spouse, Parents, Children (regardless of age), and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$2,000 penalty if the information is false. I certify that all information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

SIGNATURE:	POSITION (OFFICER, PARTNER, ETC):	DATE SIGNED:

No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.