

**CARNIVALS, SHOWS, PUBLIC ENTERTAINMENT (Indoor)
LICENSE APPLICATION**

Office of the City Clerk
City of Robbinsdale

Fee: \$150/year
\$75/day

I, _____, hereby make application for an Entertainment License, subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

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 & Title		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.
2nd Contact Person		2nd Contact Residence Phone No.	2nd Contact Business Phone No.
3rd Contact Person		3rd Contact Residence Phone No.	3rd Contact Business No.

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:

 () _____ () _____ () _____

Type of entertainment: _____

Number of Entertainers: _____

Instruments: _____

Props and other equipment: _____

Date(s): _____ Time(s): _____
 _____ _____
 _____ _____
 _____ _____
 _____ _____

Set up date and times: _____

Describe method of advertising: _____

Describe type of security that will be provided during the entertainment: _____

Describe provisions for sanitary services: _____

Name/Address of Company providing such service: _____

Phone Number: _____ Contact Person: _____

The Licensee must submit all of the following (check each item to indicate it is attached to this application):

- _____ A. Letter addressed to the City Council from the property owner granting permission for use of the property for entertainment.
- _____ B. Diagram showing area size needed and the location where entertainment will be situated on (or in) property. If entertainment indoors, also show all exits from building in relation to entertainment set up.
- _____ C. Describe type of entertainment, number of entertainers, number/typed of instruments, props and other equipment.

D. INDOOR ENTERTAINMENT: *

_____ 1) Cash or corporate surety bond made out to the City of Robbinsdale in the amount of \$1,000. (1100.04)

_____ 2) \$1,000,000 CSL liability insurance policy with the City of Robbinsdale as additional named insured and certificate holder.

* Bond and liability insurance may also be required for indoor entertainment, depending on location and other circumstances.

_____ E. Minnesota Tax/Workers Compensation form

Completed Application **must be received** in the Office of the City Clerk, 4100 Lakeview Ave N. , Robbinsdale, MN 55422, **at least thirty (30) days before the beginning of the proposed entertainment.** Questions should be directed to the City Clerk at (763)531-1255

Applicant Signature: _____ Date: _____

RECOMMENDATION OF DEPARTMENT HEADS (Initial your approval. Give reason for denial on separate memorandum)

	<u>APPROVE</u>	<u>CONDITIONS?</u>	<u>DENY/MEMO ATTACHED</u>
_____ Building Official	_____	_____	_____
_____ Chief of Police	_____	_____	_____
_____ Fire Marshal	_____	_____	_____
_____ City Planner	_____	_____	_____

RETURN TO CITY CLERK'S OFFICE BY: _____

PUBLIC HEARING DATE: _____

COUNCIL ACTION: _____

CONDITIONS: _____

FEE: \$ _____

REC'D BY: _____

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.