

Adult Establishments – Ordinance 1140

City of Robbinsdale

Office of the City Clerk

Annual License Application Fee: \$2,500

Annual License Fee Per Video Booth/Viewing Stall \$50 each

Annual Investigation Fee \$800 – up to \$10,000 to recover costs

License Year: July 1 through June 30

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 data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial, based upon the applicant's eligibility as determined by the provisions of the licensing ordinance. 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)

Applicant Full Name (NO initials or nicknames)		Trade Name or DBA	
Residence Address		City	State Zip
Business Address		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Is applicant, operator or manager licensed in any other communities? ____ Yes ____ No If so, provide complete address: _____			
Has applicant had any license applied for within the last ten years been denied, suspended or revoked? If yes, explain reason for denial/suspension/revocation: _____ _____			
Describe in detail, the activities and type of business to be conducted: _____			
Days and Hours of Operation: _____			
The Licensee must submit all of the following with this application (check each item to indicate it is attached): <input type="checkbox"/> A. Names and address of all creditors relative to construction/operation of the business. <input type="checkbox"/> B. Copy of lease/deed/mortgage/credit arrangement, etc. <input type="checkbox"/> C. Building plan of the premises detailing all internal operations and activities <input type="checkbox"/> D. Minnesota Tax/Workers Compensation form <input type="checkbox"/> E. Certificate of Liability Insurance \$1,000,000 combined single limit <input type="checkbox"/> F. If a joint business venture, partnership or any legally constituted business association, other than a corporation submit business records showing the names and addresses of all partners, officers and owners.			
Legal description of the real property and specific description of the gross square feet to be occupied: _____			

Provide names, addresses and phone numbers of two personal references (from Hennepin County)

Has applicant, operator or manager ever been convicted of a gross misdemeanor or felony and if so, state information as to time, place and nature of such crime, including the disposition thereof: _____

Name, Address, phone number and birth date of the operator and manager of the operation if different from owner.

Provisions made to Restrict Access by Minors: _____

Partners of officers of the corporation: (A) Names, Current Addressees Residence Addresses for the past five years, Citizenship Status, Dates of Birth; (B) Conviction of a crime or offense and if so, state information as to time, place and nature of such offense or crime, including the disposition thereof:

1) Name: _____ Date of Birth: _____ Citizenship Status: _____

Residence address for the past five years:

Driver's License # _____ State Issued: _____

Convictions: _____ No _____ Yes Explain: _____

2) Name: _____ Date of Birth: _____ Citizenship Status: _____

Residence address for the past five years:

Driver's License # _____ State Issued: _____

Convictions: _____ No _____ Yes Explain: _____

3) Name: _____ Date of Birth: _____ Citizenship Status: _____

Residence address for the past five years:

Driver's License # _____ State Issued: _____

Convictions: _____ No _____ Yes Explain: _____

Documentation establishing interests of any other party in the location or the furnishings: _____

Applicant Signature: _____

Title: _____

Date: _____

Drivers License No. _____

State Issued _____

Return to the office of the City Clerk, 4100 Lake view Avenue North, Robbinsdale, MN 55422.
Questions to the Office of the City Clerk (763) 531-1255

FOR OFFICE USE ONLY

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	_____	_____	_____
_____ City Planner	_____	_____	_____
_____ Chief of Police	_____	_____	_____
_____ Fire Marshal	_____	_____	_____

Public Hearing Date: _____ . Publication Date: _____ .

Date notices mailed to affected property owners: _____ (attach map (addresses) of residences notified).

Council Action: _____ Approved _____ Denied

Approval conditions or reasons for denial: _____

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:
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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.