



GOING OUT OF BUSINESS SALE LICENSE APPLICATION

CITY OF ROBBINSDALE-Office of the City Clerk

Approved __ Denied __
1st__ 2nd__ 3rd__
See Fee Schedule for License

The Robbinsdale City Code requires that the data requested in this application must be submitted in order for the City to determine your eligibility for this license. Refusal to provide the data shall 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 provision 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

Applicants Full Name /Title (NO initials or nicknames)			
Birth date	Drivers License/State Issued		Social Security Number
Applicant's Address	City	State Zip	Phone No.
Business Trade Name or d/b/a			
Business Address	City	State Zip	Phone No.
Type of sale to be conducted			
Reasons for conducting sale			
Address of Sale	City	State Zip	Phone No.
Nature of occupancy where sale will be held own ____ Lease ____ Sublease ____ If lease/sublease date of termination of lease _____			
Has applicant held regulated sale at premises during past year? Yes ____ No ____			
Date applicant acquired business			
Names and address of individuals in charge of sale _____ _____ _____ () _____ () _____ () _____			
Partners and/or officers of the corporation: Please list names, current addresses, residence addresses for the past five years, and dates of birth (If this is a renewal application: __ no changes from initial application __ changes as follows)			
(1) Name: _____			
Current Address: _____			
Residence Addresses for past five years: _____			
Date of Birth _____ Drivers License # /State Issued: _____			
(2) Name: _____			
Current Address: _____			

Residence Addresses for past five years: _____
 Date of Birth _____ Citizenship Status _____ Drivers License # /State Issued: _____

(Partners and/or officers of the corporation Cont.)

(3) Name: _____
 Current Address: _____
 Residence Addresses for past five years: _____
 Date of Birth _____ Citizenship Status _____ Drivers License # /State Issued: _____

(Inset additional page if more space is needed)

Information to be submitted with license application:

___ 1. Complete Inventory listing as required in Section 1120.05, Subd. 5(h)
 ___ 2. Minnesota Tax/Workers Compensation form
 ___ 3. Applicable Fees

Applicant Signature: _____ Date: _____

<p>CITY PLANNER REPORT/RECOMMENDATION:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>BY: _____ DATE: _____</p>	<p>CHIEF OF POLICE REPORT/RECOMMENDATION:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>BY: _____ DATE: _____</p>
---	--

<p>This license is for a period not to exceed 30 days. A second renewal license is for a period not to exceed 30 days and a final third renewal license may be granted for period not to exceed 30 days..</p>	<p>Return completed form to the Office of the City Clerk, City of Robbinsdale, 4100 Lakeview Ave N., Robbinsdale, MN 55422 (763) 531-1255</p>
---	---

A licensee may not engage in the same type of business at a location within a distance of one-half mile within a period of six months after the termination date of the regulated sale.

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.