

BUSINESS LICENSE APPLICATION



7516 – 80th Street South
Cottage Grove, MN 55016
(651) 458-2800

DATA PRIVACY NOTICE: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you have supplied will constitute a public record and copies may be issued to anyone requesting them. The required data allows us to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if any additional information is required; to determine whether you meet any minimum age requirements; and to determine if any conviction you may have on record might affect your suitability as a license holder. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. (See below.)

Please sign below to indicate that you have read this notice.

Signature: _____

To request that your residence address and telephone number be considered private data, you must list your alternative address and telephone number below.

Address: _____

Telephone Number: _____

LICENSE(S) APPLIED FOR:

- | | | |
|--|---|---|
| <input type="checkbox"/> Alarm | <input type="checkbox"/> Gambling – Single Occasion | <input type="checkbox"/> Secondhand Goods Dealer |
| <input type="checkbox"/> Amusement | <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Secondhand Goods Dealer – Multiple |
| <input type="checkbox"/> Bingo Hall | <input type="checkbox"/> Liquor | <input type="checkbox"/> Solid Waste and Recycling |
| <input type="checkbox"/> Canvasser | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Temporary Sales |
| <input type="checkbox"/> Dance – Indoor | <input type="checkbox"/> Outdoor Event/Dance | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Gambling – Bingo Hall | <input type="checkbox"/> Pawnbroker | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Gambling – Exemption | <input type="checkbox"/> Peddler/Solicitor | |
| <input type="checkbox"/> Gambling – Premises | <input type="checkbox"/> Sauna/Massage Parlor | |

AN ADDITIONAL LICENSE ADDENDUM **MUST** BE FILLED OUT FOR EACH SPECIFIC BUSINESS LICENSE

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Telephone: _____

Applicant Name: _____

Name of Corporation, Organization, Partnership, or Individual

DOB (if individual)

Applicant Address: _____

Street Address

City, State Zip

Applicant Telephone: _____

Minnesota Tax ID: _____

Federal Tax ID: _____

If a Minnesota tax identification number is not required, please explain:

INFORMATION REQUIRED BY THE STATE OF MINNESOTA

Pursuant to the Minnesota State Legislature by Chapter 332, Section 47, Laws of 1987, every state and local licensing agency is required to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance coverage requirements of Minn. Stat. Section 176.181, Subd. 2.

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 the information is not provided and/or is falsely reported, it may result in a \$1,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund. Upon request, licensing authorities are required to furnish Workers' Compensation Insurance coverage information to the Department of Labor and Industry to check for compliance with Minn. Stat. Section 176.181, Subd. 2.

FAILURE TO SUPPLY REQUESTED INFORMATION WILL DELAY THE PROCESSING OF YOUR LICENSE OR PERMIT ISSUANCE OR RENEWAL APPLICATION.

Insurance Company Name:
(NOT the Insurance Agent)

Policy Number or Self-Insurance
Permit Number:

Dates of Coverage

Effective: Expiration:

OR

I am not required to have Workers' Compensation liability coverage because:

I have no employees covered by the law.

Other (Specify): _____

I (we), the undersigned applicant(s), have read and understand my (our) rights and obligations, and certify that the information provided is true and correct, and hereby agree to operate said business in accordance with the laws of Minnesota and the City Code of the City of Cottage Grove

Applicant Signature and Title: Signature: _____ Title: _____ Date:

Applicant Signature and Title: Signature: _____ Title: _____ Date:

List all municipalities currently licensed:

I, the undersigned applicant, hereby make application pursuant to all the laws of the State of Minnesota and such rules and regulation as the Cottage Grove City Council may prescribe.

Applicant
Signature and

Signature:	Title:
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Date:

Subscribed and sworn to before me this
_____ day of _____

Notary Public

(SEAL)