

CITY OF RICHFIELD

Application for Itinerant Activity License

This application is a two-part application. Both parts must be completed before the application can be submitted for consideration.

This portion of the application must be completed by each individual who will actually conduct the activity for which the license is required and bring in person.

PART II – Individual Information (PLEASE PRINT LEGIBLY)

A.	Name of applicant _	Last	Fir	 st	Full Middle			
	Date of birth		Height	Weig	nt			
	Eye color		_ Hair color					
	Home Address							
		Street	City/State		Zip			
	Home Phone		Business Phone					
	Previous home address for last 5 years:							
B.	Name of Business _							
C.	Beginning & Ending dates of activity							
D.	Location where activity will be conducted							
Е.	Have you have ever been convicted of a crime, including a felony, misdemeanor or city ordinance violation, other than a minor traffic offense?							
	Yes No (You must supply information pertaining to the nature of the offense and conviction date.)							
	derstand submitting a declare the informatio	_	* *		ate grounds for de	nial		
Signa	ature of applicant			Da	te			

PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permission to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Section 176.181 Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 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 this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable tot he Special Compensation Fund.

Provided the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for worker's compensation.

(NOT the insurance agent)					
Policy Number or Self-Insurance Permit Number: _					
Dates of Coverage:					
(or)					
I am not required to have worker's compensation lia	ability coverage because:				
() I have no employees covered by the law.					
() Other (Specify)					
I HAVE READ AND UNDERSTAND MY RIGHT TO BUSINESS LICNESES, PERMITS, AND WO AND I CERTIFY THAT THE INFORMATION PE	RKER'S COMPENSATION COVERAGE,				
SIGNATURE	DATE				

Insurance Company Name:

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Tennessen Warning)

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A. 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

- 1. The purpose and intended use of the information requested is: <u>To determine if you are eligible for a license from the City of Richfield.</u>
- 2. You are not legally obligated to supply requested information.
- 3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information which could cause your application to be denied.
- 4. The known consequences of refusing to supply the requested information is: <u>Your request for a license cannot be processed.</u>
- 5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal

 Apprehension Office, State of Minnesota Driver License Section, Hennepin County Auditor, Other governmental agencies necessary to process your application.

The undersigned, by signing understood the contents of t	g this notice, acknowledge that he/she has read and his notice.
DATE:	
	SIGNATURE

Form **Sp:C1**

City of Richfield License Applicant Information

Under Minnesota Law (M.S. 270.72), the agency issuing you this license 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 if 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of you license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service:
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

	Please print or type			
Name of license being applied for or re	newed:			
Licensing Authority (Name of city, cou	inty, or state agency issuing licens	e):		
Licensing (or renewal) date:				
Personal Information:				
Applicant's last name	First name and initial	Social Secu	urity number	
Applicant's address	City	State	Zip Code	
Business Information (if ap	pplicable):			
Business name				
Business address	City	State	Zip Code	
Minnesota tax identification number	F	Federal tax identification number		
If a Minnesota tax identification num	ber is not required, please explain	on the reverse sid	le of this form.	
Signature	Title		Date	