

License #	
Receipt	
Date:	
Fee Paid:	

PUBLIC DANCE LICENSE INCLUDES OUTDOOR MUSIC

Applicant Name:			
(First)	(Middle) (Last)		
Home address:	Date of Birth:		
(Street, City, State, 2	Zip Code)		
Driver's License #	Contact Telephone #		
I hereby make application for a Public Destablishment:	ance License including outdoor music for the following		
(Name of Establishment)	(Address)		
Located in the City of St. Francis, Anoka	County, Minnesota.		
On-site Manager	Location Telephone:		
Dance Schedule (days and hours of event):			
Size of dance floor area:			
I agree the dance/out door music shall regulations of the City of St. Francis pert	be conducted in accordance with the provisions and aining thereto.		
	felony, gross misdemeanor or of violating any of the fany ordinance regulating dances any place in the Uniterest list the date, location and offense:		
of the provisions. I agree to waive my con permit peace officers to inspect my prem have violated the provisions of the Ordi	am familiar with the content. I will strictly comply with a stitutional rights against search and seizure and will freel ises and agree to the forfeiture of this license if found to hance for the granting of this license. I hereby solemnlue and correct to the best of my knowledge.		
	Department at 763-753-1264 and arranged to have th (Officers Expense not included in Permit Fee)		
(Date)	(Signature)		

- * Certificate of Insurance attached
- * Driver's License or State Issued ID attached

License Fee: \$100.00 per year (or \$10.00 per dance)

License Period: January 1 - December 31

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, we must advise you:

- \$ This information may be used to deny the issuance, renewal or transfer of your 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 print or type in the following information and return along with your application. Applicant's Last First Middle Name Social Security Number Street Address City State Zip Driver's License Number State of Issue Store Name Store Phone Number Store Contact Title Street Address City State Zip Minnesota Tax ID Number Federal Tax ID Number If a Minnesota tax identification number is not required, please explain: Date Signature

Title

CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS= COMPENSATION LAW

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 requirement of 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.

Insurance Company Name:		
- •	(<u>NOT</u> the insurance agent)
Policy Number:	Dates of Coverage:	to
	(OR)	
I am not required to have workers= co	mpensation liability coverage be	cause:
* I have no employees.		
* I am self-insured (include permit to	o self insure).	
* I have no employees who are co Spouse, Parents, Children and cert		sation law (these include:
*	* * * * * * * * * * *	
I certify that the information provided compensation policy will be kept in ef	•	
Name:		
(last, first, middle)	
Doing Business As:		
(business	name if different than your name)	
Business Address:		
City, State, Zip:	Pho	one: ()
Signature:	Dat	te: