



City of South St. Paul Business License Application

City Clerk's Office
125 3rd Avenue North
South St. Paul, MN 55075
(651)554-3229

License Year: _____

TYPE OF LICENSE(S) APPLYING FOR:

Please make check payable to: **City of South St. Paul**

Total Amount Submitted: _____

| | |
|---|------------------|
| Business Name: | Business Phone: |
| Address: | City, State, Zip |
| Please Check: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other | |

| | |
|---|---|
| Owner of Business or Individual Applying for License: | Phone: |
| Address: | City, State, Zip |
| Social Security #: <i>(Required by MN Statutes 270C.72)</i> | Drivers License #: _____ State of Issuance: _____ |
| Minnesota Business Tax ID#: | Federal Business Tax ID# |

Business Manager if different from Applicant:

| | |
|--------------------------|--------------------|
| Manager's Name: | Home Address: |
| Phone: | Date of Birth: |
| Driver's License Number: | State of Issuance: |

PLEASE COMPLETE BACK SIDE OF APPLICATION 

| | | |
|------------------|-----------------------------|------------------|
| Receipt #: _____ | For office use only: | Account #: _____ |
| Date: _____ | | |



**COMPLETE ONLY IF APPLYING FOR MECHANICAL AMUSEMENT/MUSIC
DEVICE OR VENDING MACHINE LICENSE**

| | |
|---|-----------------------------|
| Name & Address of Business where devices/machines will be located at: | Number of devices/machines: |
|---|-----------------------------|



**COMPLETE ONLY IF APPLYING FOR A
3.2 TEMPORARY BEER LICENSE**

| | |
|---------------------------------|------------------------|
| Date(s) of Activity: | Location |
| Name or Type of Activity/Event: | Time of Activity/Event |



**COMPLETE ONLY IF APPLYING FOR A
SPECIAL EVENT LICENSE**

| | |
|---------------------------------|------------------------|
| Date(s) of Activity: | Location |
| Name or Type of Activity/Event: | Time of Activity/Event |

Is your event going to require the closure of a public roadway? _____ yes _____ no
 If yes, please obtain a road closure permit from the Engineering Department.

SPECIAL EVENT LICENSE (To be completed prior to submittal of application)

Security Plan Approved by Police Department: _____ yes _____ No

 Police Department Date

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application. I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Business License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied. 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.

Date of Application: _____ (x) Signature of Applicant _____

Certificate 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 Minnesota Statutes, 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor Industry.

| | |
|---|----------------|
| Insurance Company Name (not the agent) | Policy Number: |
| Dates of Coverage: _____ to _____ | |
| OR | |
| REASON FOR EXEMPTION FROM WORKERS' COMPENSATION | |
| <i>If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.</i> | |
| I am not required to have workers' compensation liability coverage below: _____ I have no employees. (See Minn. Statutes 176.011, subd. 9 for the definition of an employee) _____ I am self-insured for workers' compensation (attached a copy of the authorization to self-insure from the Minnesota Department of Commerce). _____ I have no employees but they are not covered by the workers' compensation law (See Minn. Statutes 176.041 for a list of excluded employees.) | |
| <i>I certify that the 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.</i> | |

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Date of Application:

(x) Signature of Applicant
