



# City of South St. Paul Business License Application

City Clerk's Office  
125 3rd Avenue North  
South St. Paul, MN 55075  
(651)554-3205  
Fax: (651)554-3201

**TYPE OF LICENSE(S) APPLYING FOR:**

**License Year:** \_\_\_\_\_

(X)	LICENSE	FEE	FEE INFORMATION	INSURANCE REQUIREMENTS
	BARBER	10.00	PER CHAIR	
	BEAUTY SHOP	10.00	PER CHAIR	
	BEER 3.2 ON SALE	150.00		Certificate of Insurance
	BEER 3.2 OFF SALE	50.00		Certificate of Insurance
	BEER 3.2 ON SALE TEMPORARY (See page 2)	50.00		Certificate of Insurance
	BENCHES-LIMIT 25	20.00	PER BENCH	Certificate of Insurance
	BOWLING ALLEY	50.00	FIRST LANE-\$10.00 EACH ADD'L	
	CAR WASH	75.00		Certificate of Insurance
	CIGARETTE	100.00		
	ENTERTAINMENT	100.00		
	FUEL DEALER	10.00		
	HOTEL	50.00	PLUS \$5.00 PER ROOM	
	HOUSE MOVING	25.00	PER YEAR, \$500.00 PER HOUSE	
	MECHANICAL AMUSEMENT DEVICES (See page 2)	15.00	PER LOCATION + \$15.00 PER MACHINE	
	MECHANICAL MUSIC (See page 2)	15.00	PER LOCATION + \$15.00 PER MACHINE	
	MASSAGE THERAPY	50.00	+ \$10.00 INVEST. FEE	Certificate of Insurance
	PAWNBROKERS	3,000.00	+ \$500.00 INVEST. FEE (IN MN) + \$1500.00 INVEST. FEE (OUT OF STATE)	\$3,000 License Bond
	PEDDLERS, SOLICITORS & CANVASSERS	50.00	+ \$10.00 INVESTIGATION FEE	\$1,000 License Bond
	PETROLEUM	50.00	+ \$5.00 PER PUMP	
	POOL TABLE	15.00	PER LOCATION + \$15.00 PER MACHINE	
	RETAIL FOOD SALES	50.00	EACH LOCATION OR VEHICLE	
	RESTAURANT	100.00		
	SPECIAL EVENT (See page 2)	25.00	PER DAY	
	SOFT DRINKS, GUM, CANDY & NUTS	15.00	PER LOCATION	
	TATTOO AND BODY PIERCING	150.00	+ \$50.00 APPLICATION FEE AND + \$150.00 INVESTIGATION FEE	License Bond
	TAXI CABS	100.00	PER COMPANY + \$25.00 EACH VEHICLE	Certificate of Insurance
	THEATER	100.00		
	TRASH HAULER - RESIDENTIAL or COMMERCIAL	200.00	+ \$5.00 PER TAB	Certificate of Insurance
	TRASH HAULER - RESIDENTIAL & COMMERCIAL	400.00	+ \$5.00 PER TAB	Certificate of Insurance
	USED CLOTHING SALES	50.00		

Business Name:		Business Phone:	
Address:		City, State, Zip	
Please Check: _____ Corporation _____ Partnership _____ Individual _____ Other			
Owner of Business or Individual Applying for License:		Phone:	
Address:		City, State, Zip	
Social Security #: (Required by MN Statutes 270C.72)		Drivers License #:	State of Issuance:
Minnesota Business Tax ID#:		Federal Business Tax ID#	





City Clerk's Office

# City of South St. Paul Tattoo and Body Piercing License Application

Year: \_\_\_\_\_

## Section 1

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership; by one of its general partners.

1. Type of applicant:  
\_\_\_\_\_ Corporation      \_\_\_\_\_ Partnership      \_\_\_\_\_ Individual      \_\_\_\_\_ Other

2. Legal name of licensee (Individual, partnership, corporation, organization) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

3. Business name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

*If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes. **Attach** a list of owners and their respective percentages totaling 100 percent.*

4. Minnesota Business Tax ID Number (per Minnesota Statute 270C.72) \_\_\_\_\_ Applicant's Social Security Number \_\_\_\_\_  
Federal Business Tax ID Number \_\_\_\_\_

5. Proof of **Liability Insurance** and **Workers' Compensation Coverage**:  
Insurance company name: \_\_\_\_\_ Dates of coverage: \_\_\_\_\_  
Policy number/Self-insurance permit number (Per Minnesota Statutes Section 176-182) \_\_\_\_\_  
I am **not** required to have workers' compensation liability coverage because:  
\_\_\_\_ I have no employees covered by the law      \_\_\_\_ Other (Specify on the reverse side)

## Section 2: Type of applicant

**Complete only one number in this section. Refer to question 1 for type of applicant**

6. **Individual**  
Full name \_\_\_\_\_ Position \_\_\_\_\_  
Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

7. **Partnership.** *If applicable, complete this question for general and limited partners, then proceed to Section Part II Personal History form is required for each general partner.*

Full name \_\_\_\_\_ Position \_\_\_\_\_

Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Full name \_\_\_\_\_ Position \_\_\_\_\_

Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

8a. **Corporation/Club/other organization officers.** *If applicable, complete 8a, 8b and 8c, then proceed to Section 3.*

**Corporation Address:**

\_\_\_\_\_ State of incorporation/association \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

8b. **Officers of corporation/other organization** *A Part II Personal History form is required from each officer.*

**President**

Full name \_\_\_\_\_ Position \_\_\_\_\_

Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**Vice President**

Full name \_\_\_\_\_ Position \_\_\_\_\_

Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**Secretary**

Full name \_\_\_\_\_ Position \_\_\_\_\_

Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**Treasurer**

Full name \_\_\_\_\_ Position \_\_\_\_\_

Residence address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**CORPORATIONS MUST SUBMIT A TRUE COPY OF CERTIFICATE OF INCORPORATION, ARTICLES OF INCORPORATION, OR ASSOCIATION AGREEMENT AND BYLAWS AND, IF A FOREIGN CORPORATION, A CERTIFICATE OF AUTHORITY AS DESCRIBED IN MINNESOTA STATUTES CHAPTER 303**

8c. **All persons who singly or together with their spouse and parents, brothers, sisters or children, own or control an Interest in said corporation/other organization in excess of five (5) percent must also complete a Part II Personal History form for each individual.**



11c. Is there a contract for deed (C.D.)?  Yes  No Amount \$ \_\_\_\_\_

C.D. Holder \_\_\_\_\_

Address \_\_\_\_\_

Term of C.D. \_\_\_\_\_ Rate of Interest \_\_\_\_\_

11d. Amount of the monthly payment at which mortgage and/or C.D. is being liquidated. \$ \_\_\_\_\_

11e. Are the payments on the mortgage and/or C.D. up-to-day?  Yes  No

12. Is the building where licensed business will be located owned by someone other than the applicant?  Yes, complete question 12  
 No, proceed to **SECTION 5**

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_

**Attached a copy of lease agreement.**

13. List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not limited to, any lessees, lessors, mortgages, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended Security for any indebtedness of applicant.

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Section 5: Premises**  
**All applicants complete this section**

If the premises is planned, under construction or undergoing alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design.

14. Legal description of premises to be located. Submit survey showing dimensions, building locations, street access, parking facilities and location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Attached a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms.

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**Questions Regarding the Zoning requirements,  
please contact the City Planner at (651) 554-3217**

16. How is the premises zoned under the South St. Paul Zoning Code?

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17. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State withholding taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real estate taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	City utility bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

18a. Has the applicant ever been convicted of any felony, crime or violation of any city ordinance other than traffic?

Yes  No

Date of Arrest: \_\_\_\_\_ Where? \_\_\_\_\_

Charge: \_\_\_\_\_

Conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_

18b. Has the applicant ever had a license revoked in another City?  Yes  No

If yes, list the dates and reason for revocation:

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Yes  No

19a. Has the applicant ever been convicted of any crime directly related to the occupation licenses as prescribed by Minnesota Statutes 364.03, Subd. 2, and who has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties of the licensed occupation as prescribed by Minnesota Statutes 364.03, Subd. 3.

Yes  No

## Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of South St. Paul a copy of the Municipal City Code dealing with Alcoholic Beverages and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of South St. Paul to investigate and make whatever inquiries that are necessary to verify the information provided.

**X** \_\_\_\_\_  
Applicant signature

**X** \_\_\_\_\_  
Applicant signature

Subscribed and sworn to before me, a Notary Public,  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Commission expires on \_\_\_\_\_

\_\_\_\_\_  
Notary Public



Remit to:

Office of the City Clerk—License Division  
125 Third Avenue North  
South St. Paul, MN 55075  
(651) 554-3200 (651) 554-3201 (Fax)



**CITY OF SOUTH ST. PAUL**

**GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTES 13.05, SUBD. 4,  
MINNESOTA DATA PRACTICES ACT**

To: City Clerk, City of South St. Paul

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you to release to and make available to the City of South St. Paul, Minnesota, and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of South St. Paul to have access to this information is to determine by suitability for a license within the City.

By signing this authorization, I hereby release the South St. Paul Police Department from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of South St. Paul from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of South St. Paul or to you of that fact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name - Printed

\_\_\_\_\_  
Date of Birth

Subscribed and sworn to be before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public

**NOTICE**

As required by City Code, the following inspections must be made:

1. Building Inspection
2. State Health Department Inspection

**You must provide the City with the final inspection reports prior to the public hearing on the license application**

**Building Inspection Department**

This is to certify that the premises here described have been inspected and that all laws of the State of Minnesota and Municipal Ordinances have been complied with, except as herein stated, if any:

Name of Applicant \_\_\_\_\_

Business Location \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
South St. Paul Building Inspector

Comments:

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Attach if additional pages are required.

**State of Minnesota Health Department**

This is to certify that the premises here described have been inspected and that all laws of the State of Minnesota have been complied with, except as herein stated, if any:

Name of Applicant \_\_\_\_\_

Business Location \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
State of Minnesota Health Department

Comments:

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Attach if additional pages are required.