

Food Supplement* (Deli, Bakery, Meat, Bar)

_____ High \$153.00 _____
_____ Medium \$122.00 _____
_____ Low \$91.00 _____

_____ **Catering Supplement (Vehicle)** \$185.00
Year, Make, Model and VIN#: _____

_____ **Vending** - Per Unit/Machine @ \$20.00 ea. = \$_____

_____ **Tobacco Sales** \$467.00

_____ **Farmers Market Stand** \$185.00
(Stands not exempt from licensing in Minnesota Statutes, Chapter 28A)

***Please provide a description of food supplements:** _____

_____ **Hotel/Motel** \$258.00
_____ Each guestroom @ \$19.00 ea. = _____

Lodging House, lodging accommodation for 5 or more regular roomers, no food provided.

_____ Five to 25 beds \$246.00
_____ 26 or more beds, each bed @ \$11.00 ea. = \$_____

Small Boarding House - food and lodging accommodations for 5 to 10 regular boarders. Food license included.

_____ Five to 10 beds \$246.00

Large Boarding House – food and lodging accommodations for 11 or more. A separate food license is required.

_____ 11 to 25 beds \$246.00
_____ 26 or more beds, each bed @ \$11.00 ea. = \$_____

_____ **Bed and Breakfast** – Food license is included. \$246.00

Indoor Swimming Pool

_____ 1st Pool \$246.00
_____ Each Additional \$122.00

Outdoor Swimming Pool

_____ 1st Pool \$239.00
_____ Each additional @ \$118.00 ea. = \$ _____

School, K through grade 12 pools

_____ 1st Pool \$246.00
_____ Each additional @ \$122.00 ea. = \$ _____

TOTAL AMOUNT DUE: \$ _____

Under *Minnesota State Statute 270C.72*, the City of Richfield is required to collect the Minnesota business tax identification number and social security number for each business license applicant. When requested, the City must supply this information to the Minnesota Department of Revenue. This information may be used to revoke a license or deny the issuance or renewal of license if delinquent taxes, penalties, or interest are due. Failure to provide this information may jeopardize or delay the issuance of the license.

X _____ Title: _____

Business Phone: _____ Applicant Phone: _____

Applicant's Name (please print): _____

Social Security No.: _____

Minnesota Tax Identification No.: _____

Federal Tax Identification No: _____

SWORN STATEMENT

I, (we), hereby agree to operate such business in accordance with the laws of the State of Minnesota and the ordinances of the City of Richfield. The foregoing statements are true and correct to the best of my knowledge and belief.

BUSINESS NAME: _____

AUTHORIZED SIGNATURE (APPLICANT): _____ TITLE _____

DATE: _____

PROOF OF WORKERS' 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 permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' 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 to the Special Compensation Fund.

Provide 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 workers' compensation.

Insurance Company Name: _____
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(Or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE)

(DATE)