

CITY OF RICHFIELD



Business License Application (Food, Catering, Vending, Tobacco, Hotel/Motel, Pool, Boarding House)

APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWO WEEKS PRIOR TO OPENING A NEW ESTABLISHMENT, CHANGES TO AN EXISTING ESTABLISHMENT OR A CHANGE OF OWNERSHIP.

PLEASE PRINT CLEARLY

LICENSED ESTABLISHMENT

BUSINESS MAILING ADDRESS

ESTABLISHMENT NAME/DBA:

OWNER:

Business Name: _____

Name: _____

Last,

First

Middle

DBA: _____

Mailing address: _____

Establishment Location: _____

Establishment Phone: _____

(City)

(State)

(Zip Code)

Email: _____

Best Contact Phone: _____

- Please attach an additional sheet, if necessary, for additional owner/contact information

Where would you like your license mailed? Establishment address Mailing address

*HAS A PLAN REVIEW BEEN DONE? YES NO

LICENSE FEES

FOOD LICENSES:

Description

_____	Type I	Retail	\$887.00	_____
		School	\$651.00	_____
		Preschool/Daycare	\$651.00	_____

_____	Type II	Retail	\$761.00	_____
		School	\$507.00	_____
		Preschool/Daycare	\$507.00	_____

_____	Type III	Retail	\$651.00	_____
		School	\$323.00	_____
		Preschool/Daycare	\$323.00	_____

_____ **Type IV** Retail \$424.00 _____
School \$197.00 _____
Preschool/Daycare \$197.00 _____

_____ **Type V** Retail \$261.00 _____
School \$163.00 _____
Preschool/Daycare \$163.00 _____

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

_____ High \$163.00 _____
_____ Medium \$130.00 _____
_____ Low \$97.00 _____

_____ **Catering Supplement (Vehicle)** \$197.00
Year, Make, Model and VIN#: _____

_____ **Tobacco Sales** \$495.00

_____ **Farmers Market Stand** \$197.00
(Stands not exempt from licensing in Minnesota Statutes, Chapter 28A)

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

_____ **Hotel/Motel** \$274.00
_____ Each guestroom @ \$21.00 ea. = _____

Indoor Swimming Pool

_____ 1st Pool \$261.00
_____ Each Additional \$130.00

Outdoor Swimming Pool

_____ 1st Pool \$261.00
_____ Each additional @ \$130.00 ea. = \$ _____

School, K through grade 12 pools

_____ 1st Pool \$170.00
_____ Each additional @ \$97.00 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: _____

APPLICANT NAME (PRINT): _____

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)