CITY OF RICHFIELD

Application for

Itinerant Places of Amusement

FEE: $319.00
PER DAY

DEFINITION – Itinerant carnival, street show, street fair, sideshow, circus, or other similar enterprise which is held, operated or carried on out of doors or in temporary structures or tents upon or within any public or private grounds, at which people congregate and assemble with or without the payment of an admission fee.

This application must be submitted “at least 90 days prior to the first or only day of intended operation”.

Enterprise Name ________________________________________________________________

Owner Name ____________________________

(If a corporation, list names, addresses, and note conviction records, if any. Include date, place and nature of offense.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Manager/Responsible Party (On-Site) _______________________________________________

Local address and phone number _________________________________________________

List the places where the enterprise has been actively operated during the last 3 months of actual operation preceding this application.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Note the number of vehicles used in transporting or in operating said enterprise.

<table>
<thead>
<tr>
<th>MAKE</th>
<th>SERIAL #</th>
<th>LICENSE PLATE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the proposed location for the activity owned by your enterprise? ________________________________

Describe the spaces available for parking of vehicles within one block of the location. If proposed space is private property, please acquire consent of the owner and attach same written statement.

What sanitary facilities will be made available to your patrons during the course of your event? If they are privately owned, please attach written consent of the owner.

Date of proposed activities ________________________________

Hours of each day during which the applicant seeks a license to operate. ________________________________

Will any police officers or crew be “on watch” over your enterprise/equipment that is located within the City? If so, state their names and addresses: (This is required)

________________________________________________________________________________

________________________________________________________________________________
What is the anticipated maximum number of persons likely to attend the enterprise at any one time?

________________________________________________________________________________

List all food items that will be available and person in charge of preparation. __________________
________________________________________________________________________________
________________________________________________________________________________

(Clean-up must be completed within 24 hours after the enterprise has terminated its’ licensed
one. No intoxicating liquor shall be consumed or sold on the licensed premises.)

BOND REQUIREMENT – This application must be accompanied by a bond or certified check in
the sum of $1,000 obtained by the operator (not the sponsor) conditioned upon faithful compliance with the terms of this section
and all other provisions of the Code of this City by the operator and
his agents, employees, associates or other persons acting for or on
behalf of said operator.

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.

Enterprise Name ___________________________________________________________________________

Authorized Signature ______________________________________________________________
(Applicant)

Title __________________________________________

Date __________________________________________
FOR CITY USE ONLY
(APPROVALS-INVESTIGATIONS)

Has fee been paid by enterprises to furnish Police presence during set-up and operation of activity?

YES __________  NO __________

Has inspection been made by city staff regarding sanitation/food preparation?

YES __________  NO __________

CITY COUNCIL  YES __________  NO __________

1100.05, Subd. 10 - Additional information prior to commencing business - Prior to the time that the enterprise is actually commenced the applicant shall furnish the following information:

1. The name and address of each person who will be employed or engaged in the enterprise within the city and the name and address of each person operating a ride, show, concession or other similar activity, giving the particular ride, show, concession or activity in which the person will be engaged;

2. The nature of each show, exhibition, concession, ride or other activity connected with the enterprise;

3. The size and location of each tent or structure to be used in connection with the enterprise;

4. A plot plan showing the location of each tent or structure in the grounds, its size, nature and relationship to other structures or buildings within 220 feet;

5. The plan for lighting the area during the evening, and the number and location of public address systems, caliopes and similar devices;

6. The names of persons, if any, who will remain on the proposed site during the hours when said enterprise is not in operation; and

7. The fire fighting equipment available on the proposed site.
APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessen Warning)

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: **To determine if you are eligible for a license from the City of Richfield.**

2. You are not legally obligated to supply the requested information.

3. The known consequences of supplying the requested information is: **The information, or further investigation could disclose information, which could cause your application to be denied.**

4. The known consequences of refusing to supply the requested information is: **Your request for a license cannot be processed.**

5. The following persons and entities are authorized by law to receive the information if provided: **Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.**

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: ___________________________ DATE: ______________
Under Minnesota Law (M.S. 270C.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 if 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of you 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 fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: ________________________________________________

Licensing Authority (Name of city, county, or state agency issuing license): _________________________

Licensing (or renewal) date: _______________________________________________________________

**Personal Information:**

<table>
<thead>
<tr>
<th>Applicant’s last name</th>
<th>First name and initial</th>
<th>SSN or ITIN (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Business Information (if applicable):**

<table>
<thead>
<tr>
<th>Business name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business address</td>
<td>City</td>
</tr>
</tbody>
</table>

Minnesota tax identification number

Federal tax identification number

*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

Signature | Title | Date

Business Licensing 6700 Portland Avenue S. Richfield, MN 55423 612-861-9870
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)