



11. The place where goods or property is to be sold, or orders taken for the sale thereof, is manufactured or produced, where such goods or products are located at the time the application is filed, and the proposed method of delivery: \_\_\_\_\_  
\_\_\_\_\_
12. Has applicant or person managing the business ever been convicted of any crime, misdemeanor, or violation of any city, state, or federal law involving activities licensed under this article? Yes  No
- If yes, give nature of the offense and the penalty assessed:  
\_\_\_\_\_
13. Nature and content of advertising: \_\_\_\_\_  
 Include copy of any documents to be used such as pamphlets or brochures.
14. Addresses of all places where the business is to be located (*written permission must be attached*):\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. List the last three cities or other localities where the applicant conducted the proposed activity immediately preceding the date of application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. MN Statute 270C.72 requires us to collect a tax identification or social security number for each applicant who is issued a license.

MN Tax ID # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
If you do not have a MN or Federal Tax ID, provide SSN \_\_\_\_\_

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**Map**

- Attach a map of proposed area to be used which shows barricades, street route plans, street closures, or perimeter/security fencing

I certify that I have read the above questions and the answers are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

- Planning:** General Planning Permit required?  Yes  No  
Adequate parking?  Yes  No  
Ample distance from intersection (not within 150-feet)?  Yes  No  
Sales permitted by Chapter 30, Article VI?  Yes  No

Approved: \_\_\_\_ Denied: \_\_\_\_ Planning Manager/designee: \_\_\_\_\_ Date \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Background Investigation Consent Release Information to be Used for Business License Processing

As a license applicant, I hereby authorize the Elk River Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Elk River, the Elk River Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: \_\_\_\_\_ Type of License Applied for: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(First Name) (Full Middle Name) (Last Name)

List All Aliases/Previous Last Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ A copy of your driver's license/state ID must be attached (front and back)

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physical Appearance: Sex: \_\_\_\_\_ Race \_\_\_\_\_ Ht \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?  Yes  No  
If yes, state jurisdiction, type of violation, and disposition: \_\_\_\_\_  
\_\_\_\_\_

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**  
Background Investigation:  Approved  Denied  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
Police Chief/designee: \_\_\_\_\_ Date: \_\_\_\_\_



## Tennessee Warning Application for Business License

In connection with your request for a license the City of Elk River has asked that you provide 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 private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

*By signing below, I acknowledge that I have read and understand the contents of this notice.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

### **Notice to all license applicants - proposed ordinances**

The City of Elk River distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at [www.ElkRiverMN.gov](http://www.ElkRiverMN.gov). This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance.

# Certificate of Compliance Minnesota Workers' Compensation Law

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIPCODE

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2, or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: if your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
 This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

\* Number 1, 2, or 3 MUST be completed