



CITY OF HAM LAKE
 15544 Central Avenue NE
 Ham Lake, Minnesota 55304
 (763) 434-9555
 info@ci.ham-lake.mn.us

APPLICATION FOR BUSINESS LICENSE

Vending Machine
 Cabaret
 Hotel/Motel
 Recycling/Refuse Hauler
 Tobacco (also include State Form CT102)

Directions: This form must be filled out with a typewriter or by printing in ink. If the application is by an Individual person, by such person; if by a corporation, by an officer thereof, if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof. If more space is needed, use additional sheets.

1. Name of applicant (name of individual, partnership, corporation or association):

2. Business Name _____

IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN THE FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH A COPY OF THE TRADE NAME CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, SECRETARY OF STATE'S OFFICE.

3. Premises Address _____

Email Address _____ Phone Number _____

4. Type of applicant:

_____ Individual _____ Partnership
 _____ Corporation _____ Other Association _____

5. Minnesota tax identification number of business (or social security number if applicant is an individual):

6. If applicant is an individual, state:

Full Name _____

Residence Address _____

Phone _____ Date of birth _____

7. If applicant is a partnership, provide the following information about the managing partner:

Full Name _____

Residence Address _____

Phone _____ Date of birth _____

8. If applicant is a corporation or association, state:

(a) State of Incorporation or Association _____

Local Address _____ Phone _____

Home Address _____ Phone _____

(b) Provide the following information about the operating manager or other agent in charge of the premises to be licensed:

Full Name _____

Residence Address _____

Phone _____ Date of birth _____

9. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Ham Lake delinquent or unpaid for the premises to be licensed? Yes _____ No _____ If yes, give details _____

FEE SCHEDULE

Vending Machine License - \$15.00 per location plus \$15.00 per machine	Amount enclosed _____
Cabaret - \$200.00	Amount enclosed _____
Hotel/Motel - \$250.00	Amount enclosed _____
Recycling/Refuse - \$500.00	Amount enclosed _____
Tobacco - \$75.00	Amount enclosed _____

ANY FALSIFICATION OF ANSWERS TO ABOVE QUESTIONS WILL RESULT IN DENIAL OF APPLICATION

Subscribe and sworn to before me this _____ day of _____, 20____.

(Signature) Must be signed in front of a notary

(Notary Public/City Clerk)

(Printed Name)

CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

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 or engage in an activity in Minnesota until applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage of Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

INSURANCE COMPANY NAME: _____
(NOT the insurance agent)

POLICY NUMBER _____

DATES OF COVERAGE: _____ to _____

OR

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

- () I have no employees
- () I am self-insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law
(these include: Spouse, Parents, Children and Certain Farm Employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

NAME: _____

(last, first, middle)

DOING BUSINESS AS: _____
(business name if different than your name)

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____ EMAIL: _____

SIGNATURE: _____ **DATE:** _____

**NOTICE TO ALL APPLICANTS FOR MUNICIPAL PERMITS,
LICENSES, OR OTHER MUNICIPAL ACTION**

1. If you are requesting municipal action on any request for any of the above, you will be required to furnish certain information about yourself, the project you are involved in, or other matters pertaining to the subject. Some of the information you are asked to provide is classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.
2. The purpose of this information is to enable the City Staff, Commissions, Council or other government agencies to evaluate relevant factors in considering your request. You are not legally required to provide this information. If you do not provide the requested information, the City may not act upon your request.
3. The information you supply will be public and available to any entity requesting to inspect the information.

**DATA PRACTICES ADVISORY
TENNESSEN WARNING
REQUIRED BY MINNESOTA STATUES CHAPTER 13.04**

BY: _____
(SIGNATURE)

COMPANY/TITLE: _____

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Print or Type	Applicant's Minnesota Tax ID Number		The Minnesota Tax ID must be issued in the same legal name of the licensee below.		License Authority
					License Number
	Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):				Period Covered
	<input type="checkbox"/> Over Counter	<input type="checkbox"/> Through Vending Machine	<input type="checkbox"/> Both		Date of Issuance
	Licensee's Legal Name				Federal Employer ID Number (FEIN)
	Business Trade Name (doing business as)				Daytime Phone
	Complete Address of Business Location (permit location)		County	Other Phone Number	
City	State	ZIP Code	Fax Number		
Mailing Address (if different than business address)	City	State	ZIP Code	Email Address	

Business Information	Type of legal organization (check one):				
	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____			
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Out-of-state corporation: State of incorporation _____			
	<input type="checkbox"/> Other (describe) _____	Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Corporate officers or partners (attach a list if necessary)				
Name		Title			
Address		City	State	ZIP Code	
Name		Title			
Address		City	State	ZIP Code	

Statement of Understanding	As a licensed tobacco products or cigarette retailer, I understand that:				
	1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.				
	2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.				
	3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.				
	4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.				
	5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.				
	6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.				
	7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.				

Sign Here	Licensee Signature	Title	Print Name	Date	Daytime Phone
	Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us