



**CITY OF DULUTH
CITY CLERK'S OFFICE**
318 City Hall ● 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500

FOR OFFICE USE ONLY	
DATE	_____
LICENSE #	_____

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign and submit all pages to the address above.

DATA ADVISORY. The city is collecting this data in order to determine whether the applicant is eligible to be issued a license for the sale of synthetic drugs. The data are classified as public or private data. The data will be reviewed by city employees responsible for processing the application, verifying the information, and determining whether the applicant is eligible for a license. The applicant is required to provide the requested data. If the data is not provided the city may be unable to issue the license. Data that are classified as public are available to the public. Data that are classified as private may be available to other law enforcement agencies, or state and federal taxing authorities.

LICENSE	FEE
SYNTHETIC DRUG ESTABLISHMENT =	\$175.00
TOTAL =	\$ _____

NAME OF APPLICANT: _____ ASSUMED NAME: _____

DESCRIPTION OF BUSINESS: _____ BUS. PHONE: _____

LOCATION OF THE ESTABLISHMENT [STREET ADDRESS]: _____

BUSINESS DISTANCE FROM NEAREST: PUBLIC PARK: _____ SCHOOL: _____ DAYCARE: _____

RESIDENTIAL AND/OR MIXED-USE NEIGHBORHOOD ZONE: _____

BUSINESS OWNER(S) INFORMATION. FILL IN THE REQUIRED INFORMATION FOR ALL OWNERS.

Full Name	DOB	Residential Address	Business Address	Phone No.	Convicted of a Crime or Offense? (Y/N)*

PARTNER INFORMATION (INCLUDING LIMITED PARTNERS). FILL IN THE REQUIRED INFORMATION FOR ALL PARTNERS.

Full Name	DOB	Residential Address	Business Address	Phone No.	Convicted of a Crime or Offense? (Y/N)*

MANAGER INFORMATION.

Full Name	DOB	Residential Address	Business Address	Phone No.	Convicted of a Crime or Offense? (Y/N)*

REAL ESTATE OWNER(S) INFORMATION. FILL IN THE REQUIRED INFORMATION FOR ALL OWNERS.

Full Name	DOB	Residential Address	Business Address	Phone No.	Convicted of a Crime or Offense? (Y/N)*

LESSEE(S) INFORMATION. FILL IN THE REQUIRED INFORMATION FOR ALL LESSEES.

Full Name	DOB	Residential Address	Business Address	Phone No.	Convicted of a Crime or Offense? (Y/N)*

***IF ANY OF THE ABOVE-LISTED INDIVIDUALS HAVE BEEN CONVICTED OF A CRIME OR OFFENSE (OTHER THAN A TRAFFIC OFFENSE) FILL IN THE INFORMATION FOR EACH INDIVIDUAL BELOW.**

Full Name	Description of Offense	Date of Offense	Location of Offense	Disposition of offense <i>Include the specific state & prosecuting jurisdiction where disposition of offense was adjudicated & date of adjudication</i>

IF ANY OF THE OWNERS OF THE BUSINESS OR THE BUSINESS ITSELF OWES ANY FEES, CHARGES, TAXES, SPECIAL ASSESSMENTS AND OTHER DEBTS OR OBLIGATIONS TO THE CITY, FILL IN THE INFORMATION BELOW:

Nature of Debt or Obligation	Amount Owed

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS:

SIGNATURE OF APPLICANT OR APPLICANT'S AGENT

PRINTED NAME OF APPLICANT OR APPLICANT'S AGENT

IF AGENT, RELATIONSHIP TO APPLICANT

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

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

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

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.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

Date _____