



AMUSEMENT - THEATRE - CARNIVAL LICENSE APPLICATION

3400 Plymouth Blvd., Plymouth, MN 55447

(763) 509-5066

- ❖ A non-refundable licensing fee of \$150 is required
- ❖ Licensing period is January 1-December 31
- ❖ The fee will not be pro-rated

Business Name:		Phone:	
Business Address:			
Email Address:			
Name of Owner:			
If a Partnership: Names & Addresses of Partners:			
If a Corporation: Names & Addresses of Officers:			
Name of Operating Manager:		Home Phone:	
Emergency Contact:		Phone:	
For Carnival Only			
Carnival/Amusement Site Address			
# of Concessions		# of Rides	
Dates of Event	From	To	Hours: From To
State of Minnesota Electrical Inspector must be notified for inspection of feed wiring. Inspections MUST be made PRIOR to event. A food handling/restaurant permit MUST be obtained for any concession booths.			
Signature of Applicant		Date	
Amusements Code 100-20-211-21100-4100.800			



**CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION**

3400 Plymouth Blvd., Plymouth, MN 55447

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Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority 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 (person signing the application).

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 license 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 license issuance.

Please supply the following information and return along with your application:

Type of license: AMUSEMENT – THEATRE – CARNIVAL

Applicant's Name:

Applicant's Address:

City/State/Zip:

Social Security Number:

Applicant Phone:

Business Name:

Business Address:

City/State/Zip:

Minnesota Tax ID Number (if sole proprietor, use Social Security Number):

Federal Tax ID Number (if sole proprietor, use Social Security Number):

If a Minnesota Tax ID number is not required, please explain:

Signature:

Position:

Date:



**AMUSEMENT - THEATRE - CARNIVAL LICENSE APPLICATION
TENNESSEN WARNING**

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TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. 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 Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that 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 that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

Signature:

Position:

Date:



**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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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 the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS 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.

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 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. This information will be collected by the City and retained in the files.

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

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION:

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
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.		

NUMBER 2 – Complete 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 liability coverage because:

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

- Other: _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

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	Title	Date
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Review and Approval Process

Return the completed application packet to the City Clerk.

The application will be referred to the Building Division for an inspection. A recommendation will be submitted to the City Council for approval or denial. Upon approval of the application, a license will be issued by the City Clerk. If the application is denied, an appeal can be made within ten (10) days to be considered by the City Council.

CHECKLIST

	Amusement License Application
	\$150 License Fee
	Department Of Revenue Information
	Tennessee Warning
	Certificate of Workers Compensation Law
	Certificate of Liability Insurance

The City of Plymouth posts proposed ordinances for Council consideration. Go to www.plymouthmn.gov and click on "I want to" and select "view proposed ordinances" or click on "City Council Documents" under "City Council" on the home page.