



Swimming Pool License Application

Community Development Department
Code Enforcement & Public Health Division

5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8070 / Fax: (763) 493-8391

City Use Only: Approved _____
Fee \$ _____
License # _____

GOVERNMENT DATA PRACTICES ACT - TENNESSON WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

The following information is required.

- New License _____ Renewal _____
- License Period from May 1 to April 30
- Completed application / License Fee: \$380.00 Indoor / \$290.00 Outdoor
Each Additional Pool \$345.00 Indoor / \$235.00 Outdoor
- Is worker's compensation coverage required? _____ Yes _____ No
- Minnesota Tax Identification Number
- Inspections by the Brooklyn Park Health Division must be completed before the license can be issued and before the pool can be used.
- License fees are not transferable or refundable
- Late fees (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for license subject to the laws of the State of Minnesota and of the City of Brooklyn Park.

Owner Name: _____ **Email:** _____

Owner Phone #: _____ **Owner Cell #:** _____

Owner Address: _____
Street City State Zip Code

Business Name: _____ **Doing Business As:** _____

Business Address: _____
Street City State Zip Code

Partnership { } Corporation { } Proprietorship { } Other (specify) _____ Owner: _____

Local Business Name where pool(s) are located: _____

Local Business Address where pool(s) are located: _____

Number of pool(s) and type of pool(s) that you are licensing: Indoor _____ Outdoor _____

Emergency Contact Name: _____ **Emergency Contact Phone #:** _____

Manager Contact Name: _____ **Manager Contact Phone#:** _____

Pool Operator Name: _____ **Pool Operator Contact Phone #:** _____

Applicant Signature: _____ **Date:** _____

Make checks payable to City of Brooklyn Park or for credit card payments, complete the information below:

| |
|---|
| Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Cash Card Number: _____ Security Code (three digit number on back of card) _____ Expiration Date: _____ Signature _____ Date: _____ |
|---|

**MINNESOTA BUSINESS TAX IDENTIFICATION /
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.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.

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:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the 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;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

| | |
|-------------------------------------|------|
| Applicant's Full Name | |
| Applicant's Address | |
| City, State & Zip | |
| Applicant's Social Security Number | |
| Position (Officer, Partner, Etc.) | |
| Business Name | |
| Business Address | |
| City, State & Zip | |
| Minnesota Tax Identification Number | |
| Signature | Date |

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

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 requirement of MSS 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 and/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.

| | |
|---|--------------|
| Full Name (Last, First, Middle) | |
| Doing Business As: (Business name if different than your name) | |
| Business Address | |
| City, State, Zip | Phone () |

| | |
|---|---|
| I am not required to have workers' compensation liability coverage because: | |
| <input type="checkbox"/> | I have no employees. |
| <input type="checkbox"/> | I am self-insured (include permit to self-insure). |
| <input type="checkbox"/> | 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. | |
| Signature | Date |

OR

| | |
|--|--|
| Insurance Company Name (NOT the insurance agent) | |
| Policy Number | |
| Dates of Coverage | |

| | |
|--|------|
| 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. | |
| Signature | Date |