



GOVERNMENT DATA PRACTICES ACT - TENNESSEN 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. All applications are subject to a 10-day approval period.

- License period January 1st - December 31st
Completed application / License Fee: \$170.00 + \$5.00 per unit / maximum \$1,300.00
Total number of sleeping units to be licensed?
For group homes and similar - total number of occupants per dwelling unit?
Will food be served at this location? Yes No
Is worker's compensation coverage required? Yes No
Minnesota Tax Identification Number
License fees are not transferable or refundable
Late fees (1 - 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

Business Name: Business Phone:

Doing Business As:

Business Address: Street City Zip Code

Business Owner Name: Owner Phone #

Owner Email (for renewal):

Address: Street City Zip Code

Onsite Email (for food recalls, emergencies):

Emergency Contact: Emergency Phone #

Onsite Manager: Manager Phone #

Is this a partnership? Yes No Is this a corporation? Yes No

If yes, attach a list of the names, addresses, and percent of interest of each.

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant's Signature: Date:

Office Use Only:

Date received Approved by Approved date



Certificate of Compliance

Minnesota Department of Revenue

INFORMATION

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.**

REQUIREMENTS

- You must complete section A **OR** B below.
- Social Security Number (if an individual) **OR** Minnesota/Federal Tax ID Number (if a business).

SECTION A – Complete this portion if you are an individual:

Full Legal Name

Last Name First Name Middle Name Maiden Name (if applicable)

Other names you have used and/or are also known as: _____

Home Address

Street City State Zip Code

Social Security Number

(123 - 45 - 6789)

Position

PLEASE SELECT ONE: Owner/Partner Employee

Applicant Signature

Date

(MM/DD/YYYY)

SECTION B – Complete this portion if you are a business:

Business Name

Business Address

Street City State Zip Code

Minnesota Tax ID Number

(1234567)

Federal Tax ID Number

(12 - 3456789)

Applicant Signature

Date

(MM/DD/YYYY)



Certificate of Compliance Minnesota Worker's Compensation Law

INFORMATION

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.

REQUIREMENTS

- You must complete section A **OR** B below.

SECTION A – Complete this portion if you are exempted or self-insured:

Full Legal Name _____

Last Name

First Name

Middle Name

Maiden Name (if applicable)

Home Address _____

Street

City

State

Zip Code

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

PLEASE SELECT ONE:

I have no employees.

I am self-insured (include permit to self-insure).

I have employees, but they are not 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.

Applicant Signature _____

Date _____

(MM/DD/YYYY)

SECTION B – Complete this portion if you are insured:

Business Name _____

Business Address _____

Street

City

State

Zip Code

Insurance Company Name _____

Insurance Policy Number _____

Effective Date _____

Expiration Date _____

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

Applicant Signature _____

Date _____

(MM/DD/YYYY)