



CITY OF RICHFIELD

Application for Tattoo, Body Piercing, Body Branding and Body Painting License

LOGIS # _____

Business Enterprise Fee: \$ 1,077.00
Investigation Background Fee: \$1,077.00

If the application is for an individual, by the individual; if for a Corporation, by an officer thereof; if for a partnership, by one of the partners.

Part I – General Information

Type of applicant: Individual Partnership Corporation

Name of applicant: _____ Phone: _____

Email Address: _____

Business Name: _____ DBA: _____

Business Address: _____

Preferred Mailing Address: _____

Business Phone: _____ Website: _____

Federal Tax ID: _____ MN Tax ID: _____

If business is to be conducted under a designation, name or style other than full individual name of the applicant, attach a copy of the certificate, as required by Chapter 333, Minnesota Statutes, certified by the Clerk of the District Court.

Has applicant or any person having an ownership or management position in the tattoo business had a City of Richfield Tattoo Business License revoked within a two year period immediately preceding the date of this application? Yes No

If yes, explain: _____

Does the applicant hold a current tattoo license from any other governmental unit? Yes No

If yes, name the location(s): _____

Has the applicant previously been denied a tattoo license from any other governmental unit?

Yes No

If yes, name the location(s): _____

Have all real estate taxes, personal property taxes, assessments, or other financial claims of the state, county, school district or city been paid in full? Yes No

Type of Applicant

Complete appropriate portion of this section.

INDIVIDUAL: If applicant is an individual complete this portion.

(Part II – Personal information form must be completed and attached for this individual.)

Name: _____
(Last) (First) (Full Middle)

Phone: _____ Email: _____

Name of the individual who will be the on premises manager of the licensed establishment, if different that the individual applicant.

(Part II – Personal information form must be completed and attached for this individual.)

Name: _____
(Last) (First) (Full Middle)

Phone: _____ Email: _____

PARTNERSHIP: If applicant is a partnership, list full name for each member of the partnership.

(Part II – Personal information form must be completed and attached for each member of the partnership.)

Name: _____
(Last) (First) (Full Middle)

Phone: _____ Email: _____

Interest: _____ %

Name: _____
(Last) (First) (Full Middle)

Phone: _____ Email: _____

Interest: _____ %

Name: _____
(Last) (First) (Full Middle)

Phone: _____ Email: _____

Interest: _____ %

Attach a true copy of the partnership agreement and a copy of the Certificate of Trade Name under the provisions of Chapter 333, Minnesota Statutes, certified by the Clerk of District Court.

Is the partnership agreement attached? Yes No

If one of the partners will be the on-premises manager please indicate below:

Name: _____
(Last) (First) (Full Middle)

If an individual other than one of the partners will be the on-premises manager of the licensed establishment list below:

Name: _____
(Last) (First) (Full Middle)

(Part II – Personal information form must be completed and attached for this individual.)

CORPORATION/ASSOCIATION: If the applicant is a Corporation or Association, provide the name of the Corporation or Association, address and telephone number and state of incorporation.

Name: _____

Address: _____

(City) (County) (State) (Zip)

Business Telephone: _____

State of Incorporation or Association: _____

The full name of all officers of Corporation or Association:

(Part II – Personal information form must be completed and attached for this individual.)

President: _____
(Last) (First) (Full Middle)

Vice President: _____
(Last) (First) (Full Middle)

Secretary: _____
(Last) (First) (Full Middle)

Treasurer: _____
(Last) (First) (Full Middle)

Full name of on-premises manager, if different than any above:

(Last) (First) (Full Middle)

The full name of all persons, other than the corporate officers listed above, who singly or together with their spouse and his/her parents, brothers, sisters or children, own or control an interest in the Corporation or Association in excess of 5%.

(Part II – Personal information form must be completed and attached for these individuals.)

Name: _____
(Last) (First) (Full Middle)

Interest: _____

Name: _____
(Last) (First) (Full Middle)

Interest: _____

Name: _____
(Last) (First) (Full Middle)

Interest: _____

Attach a true copy of the Article of Incorporation or Agreement and By-Laws, or any amendments or changes to said Articles, Agreements or By-Laws. Attached? Yes No

PREMISES

State the exact legal description of the premises to be licensed:

Applicant must also submit a plat plan showing dimensions, locations of buildings, street access, parking facilities, and the locations of and distances to the nearest church building and public school grounds. Attached? Yes No

State the full name, residence address and telephone numbers for the owner or owners of the building wherein the licensed business will be located, if owner is other than the applicant.

Name: _____
(Last) (First) (Full Middle)

Residence: _____

Telephone: _____

Attach a copy of the lease agreement. Attached? Yes No

LIABILITY INSURANCE: All licensees of establishments shall have at all times a valid certificate of insurance issued by an insurance company licensed to do business in the State of Minnesota indicating the licensee has current coverage of \$1,000,000.00 for professional liability in the practice of body art.

Is a copy of insurance attached? Yes No

APPLICANT'S STATEMENT

I declare that the information I have provided on this application is truthful and I understand falsification of answers on this application will result in denial of the application.

I hereby authorize the City of Richfield to have access to all sources of information which may be consulted to verify the information I have provided above. This includes authorization to check criminal history records if any have been asked to provide that information.

Applicant Signature _____
Date

Printed Name of Applicant

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). 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 Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: 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: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

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

SIGNATURE: _____

DATE: _____

City of Richfield

License Applicant Information

Sp:C1

Under Minnesota Law (M.S. 270C.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): City of Richfield

Licensing (or renewal) date: _____

Personal Information:

Applicant's last name	First name and initial	SSN or ITIN (if applicable)
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	Title	Date
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PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(or)

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

() I have no employees covered by law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature Date