



CITY OF RICHFIELD

**Application for
Arcade License**

Fee: \$611.00

Business Name: _____

Business Address: _____

Business Hours and Phone: _____

Name of applicant: _____ Title: _____

Date of Birth: _____

Residence address: _____

Home phone number(s): _____

Full name, date of birth, and current residence address of all persons, and name and address of all entities having any ownership interest in the business, and description of the nature of such ownership interest:

If any of the entities listed in above question are partnerships, list full name, date of birth, and residence of all partners; if any of such entities are corporations, indicate whether such corporation is a Minnesota Corporation, and full names and addresses of all corporate officers, directors, and of all shareholders who own, either alone or in conjunction with their spouse and children, more than 10% of the outstanding shares of corporate stock:

Full name and residence address of all persons or entities owning or having an interest in the licensed premises, including leases, if any, and description of the nature of the interest:

If any of the entities listed in the above question are partnerships, list full name, date of birth, and residence address of all partners; if any of such entities are corporations, indicate whether such corporation is a Minnesota Corporation, and full names and addresses of all corporate officers, directors, and of all shareholders who own, either alone or in conjunction with their spouse or children, more than 10% of the outstanding share of corporate stock:

List the full name, date of birth, residence address, and residence phone number of manager who will supervise the licensed activity:_____

Name and address of all arcades which are owned or operated by any of the persons or entities listed in any of the above questions, or in which such person or entities have or claim an interest, and the nature of the relationship between such arcades and such persons or entities:

Full names, addresses and telephone numbers of two (2) residents of Hennepin County, Minnesota, who may be referred to as to the character of the applicant and the manager:

State whether any of the persons listed under any of the above questions have ever been convicted of a crime or offense other than a traffic offense; if so, state time, place and nature of such offenses:

State whether any of the persons listed in any of the above questions have had an application for an arcade license denied, revoked or suspended during the last five years; if so, state time and place of such denial, revocation or suspension:

Number of employees: _____

Attach certificate of incorporation, articles and bylaws of any corporations listed above.

I (we) hereby agree to operate the business in accordance with the laws of the State of Minnesota and the ordinances of the City of Richfield. I am familiar with the provisions of Ordinance Section 1105 of the City of Richfield. The foregoing statements are true and correct to the best of my knowledge and belief. I understand that all of the foregoing statements are material considerations in determining whether to grant or renew the license here applied for; that fraud, deception, or misrepresentation in connection with the securing of the license is grounds for revocation or suspension, and that falsification in this application is unlawful.

Signature of Applicant(s)

Date

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: _____

License Applicant Information

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): _____

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

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature

Title

Date

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)