

**CITY OF RICHFIELD**



**Business License Application**  
**(Food, Catering, Vending, Tobacco, Hotel/Motel,**  
**Pool, Boarding House)**

APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWO WEEKS PRIOR TO OPENING A NEW ESTABLISHMENT, CHANGES TO AN EXISTING ESTABLISHMENT OR A CHANGE OF OWNERSHIP.

**PLEASE PRINT CLEARLY**

**LICENSED ESTABLISHMENT BUSINESS MAILING ADDRESS**

**ESTABLISHMENT NAME/DBA:**

**OWNER:**

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Last, First Middle**

DBA: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Establishment Location: \_\_\_\_\_

\_\_\_\_\_

Establishment Phone: \_\_\_\_\_

\_\_\_\_\_

(City) (State) (Zip Code)

Email: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

- Please attach an additional sheet, if necessary, for additional owner/contact information

Where would you like your license mailed?  Establishment address  Mailing address

\*HAS A PLAN REVIEW BEEN DONE?  YES  NO

**LICENSE FEES**

**FOOD LICENSES:**

**Description**

\_\_\_\_\_ **Type I** Retail \$ 914.00 \_\_\_\_\_  
School \$ 671.00 \_\_\_\_\_  
Preschool/Daycare \$ 671.00 \_\_\_\_\_

\_\_\_\_\_ **Type II** Retail \$ 784.00 \_\_\_\_\_  
School \$ 522.00 \_\_\_\_\_  
Preschool/Daycare \$ 522.00 \_\_\_\_\_

\_\_\_\_\_ **Type III** Retail \$ 671.00 \_\_\_\_\_  
School \$ 333.00 \_\_\_\_\_  
Preschool/Daycare \$ 333.00 \_\_\_\_\_

\_\_\_\_\_ **Type IV** Retail \$ 437.00 \_\_\_\_\_  
School \$ 203.00 \_\_\_\_\_  
Preschool/Daycare \$ 203.00 \_\_\_\_\_

\_\_\_\_\_ **Type V** Retail \$ 269.00 \_\_\_\_\_  
School \$ 168.00 \_\_\_\_\_  
Preschool/Daycare \$ 168.00 \_\_\_\_\_

**Food Supplement\* (Deli, Bakery, Meat, Bar)**

\_\_\_\_\_ High \$ 168.00 \_\_\_\_\_  
\_\_\_\_\_ Medium \$ 134.00 \_\_\_\_\_  
\_\_\_\_\_ Low \$ 100.00 \_\_\_\_\_

\_\_\_\_\_ **Catering Supplement (Vehicle)** \$ 203.00  
Year, Make, Model and VIN#: \_\_\_\_\_

\_\_\_\_\_ **Tobacco Sales** \$ 510.00

\_\_\_\_\_ **Farmers Market Stand** \$ 203.00  
**(Stands not exempt from licensing in Minnesota Statutes, Chapter 28A)**

**\*Please provide a description of food supplements:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Hotel/Motel** \$ 282.00  
\_\_\_\_\_ Each guestroom @ \$ 22.00 ea. = \_\_\_\_\_

**Indoor Swimming Pool**

\_\_\_\_\_ 1<sup>st</sup> Pool \$ 269.00  
\_\_\_\_\_ Each Additional \$ 134.00

**Outdoor Swimming Pool**

\_\_\_\_\_ 1<sup>st</sup> Pool \$ 269.00  
\_\_\_\_\_ Each additional @ \$ 134.00 ea. = \$ \_\_\_\_\_

**School, K through grade 12 pools**

\_\_\_\_\_ 1<sup>st</sup> Pool \$ 175.00  
\_\_\_\_\_ Each additional @ \$ 100.00 ea. = \$ \_\_\_\_\_

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

**Under *Minnesota State Statute 270C.72*, the City of Richfield is required to collect the Minnesota business tax identification number and social security number for each business license applicant. When requested, the City must supply this information to the Minnesota Department of Revenue. This information may be used to revoke a license or deny the issuance or renewal of license if delinquent taxes, penalties, or interest are due. Failure to provide this information may jeopardize or delay the issuance of the license.**

X \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant's Name (please print): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No: \_\_\_\_\_

**SWORN STATEMENT**

I, (we), hereby agree to operate such business in accordance with the laws of the State of Minnesota and the ordinances of the City of Richfield. The foregoing statements are true and correct to the best of my knowledge and belief.

BUSINESS NAME: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

AUTHORIZED SIGNATURE (APPLICANT): \_\_\_\_\_ 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)