



CITY OF RICHFIELD

Application for

Itinerant Places of Amusement

**FEE: \$329.00
PER DAY**

DEFINITION – Itinerant carnival, street show, street fair, sideshow, circus, or other similar enterprise which is held, operated or carried on out of doors or in temporary structures or tents upon or within any public or private grounds, at which people congregate and assemble with or without the payment of an admission fee.

This application must be submitted “at least 90 days prior to the first or only day of intended operation”.



Enterprise Name _____

Owner Name _____

(If a corporation, list names, addresses, and note conviction records, if any. Include date, place and nature of offense.)

Manager/Responsible Party (On-Site) _____

Local address and phone number _____

List the places where the enterprise has been actively operated during the last 3 months of actual operation preceding this application.

Note the number of vehicles used in transporting or in operating said enterprise.

MAKE

SERIAL #

LICENSE PLATE NUMBER

Is the proposed location for the activity owned by your enterprise? _____

Describe the spaces available for parking of vehicles within one block of the location. If proposed space is private property, please acquire consent of the owner and attach same written statement.

What sanitary facilities will be made available to your patrons during the course of your event? If they are privately owned, please attach written consent of the owner.

Date of proposed activities _____

Hours of each day during which the applicant seeks a license to operate. _____

Will any police officers or crew be “on watch” over your enterprise/equipment that is located within the City? If so, state their names and addresses: (This is required)

What is the anticipated maximum number of persons likely to attend the enterprise at any one time?

List all food items that will be available and person in charge of preparation. _____

(Clean-up must be completed within 24 hours after the enterprise has terminated its' licensed operation. No intoxicating liquor shall be consumed or sold on the licensed premises.)

BOND REQUIREMENT – This application must be accompanied by a bond or certified check in the sum of \$1,000 obtained by the operator (not the sponsor) conditioned upon faithful compliance with the terms of this section and all other provisions of the Code of this City by the operator and his agents, employees, associates or other persons acting for or on behalf of said operator.



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.

Enterprise Name _____

Authorized Signature _____
(Applicant)

Title _____

Date _____

FOR CITY USE ONLY

(APPROVALS-INVESTIGATIONS)

Has fee been paid by enterprises to furnish Police presence during set-up and operation of activity?

YES _____ NO _____

Has inspection been made by city staff regarding sanitation/food preparation?

YES _____ NO _____

CITY COUNCIL YES _____ NO _____

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1100.05, Subd. 10 - Additional information prior to commencing business - Prior to the time that the enterprise is actually commenced the applicant shall furnish the following information:

1. The name and address of each person who will be employed or engaged in the enterprise within the city and the name and address of each person operating a ride, show, concession or other similar activity, giving the particular ride, show, concession or activity in which the person will be engaged;
2. The nature of each show, exhibition, concession, ride or other activity connected with the enterprise;
3. The size and location of each tent or structure to be used in connection with the enterprise;
4. A plot plan showing the location of each tent or structure in the grounds, its size, nature and relationship to other structures or buildings within 220 feet;
5. The plan for lighting the area during the evening, and the number and location of public address systems, calliopes and similar devices;
6. The names of persons, if any, who will remain on the proposed site during the hours when said enterprise is not in operation; and
7. The fire fighting equipment available on the proposed site.

**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

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
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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)