

APPLICATION FOR BUSINESS LICENSE

CITY OF NEW HOPE 4401 Xylon Avenue North New Hope, MN 55428 Phone 763-531-5118 Fax 763-531-5136

	DI BUSINI	ESS BEING LICENSED (dba):		
BUSINE	SS ADDR	RESS: CITY/STATE/	ZIP:	
BUSINE	SS PHON	IE: BUSINESS F	FAX:	
CORPO	RATION N	NAME, IF APPLICABLE:		
			ZIP:	
CORPC	RATION F	PHONE: F	FAX:	
IF COR	PORATIO	N, LIST NAMES & ADDRESSES OF ALL OFFICERS:		
PLEASI	E MAIL AL	LL CORRESPONDENCE, INCLUDING LICENSE TO:	S ADDRESS D BUS	SINESS LOCATIO
J		APPLICATION BEING MADE FOR TYPE OF LICENSE:	EACH	TOTAL
	3408	Tattoo Establishment Investigation	\$400.00	
		Tattoo Establishment	\$300.00	
	4115	Refuse Hauling - First Truck	\$100.00	
		Each Truck Thereafter	\$40.00	
	4120	Bowling Alley, Each Lane	\$15.00	
	4125	Second-hand Dealer/Thrift Store	\$300.00	
	4125	Self-Service/Coin-Operated Laundry	\$50.00	
	4125	Pinball, Games Of Skill, Video Games:		
		Location	\$15.00	
		Plus Fee Per Each Machine	\$15.00	
	4130	Cigarette, Tobacco Products	\$250.00	
	4140	Oil, Gasoline, Diesel Fuel, Liquefied Petroleum:		
		Gasoline Station	\$50.00	300 t
		- Each Hose, Same Location	\$5.00	***
	4140	Non-Commercial Pumps NOT DISPENSED TO PUBLIC		
	-	- First Hose	\$10.00	
		- Each Additional Hose, Same Location	\$1.00	
	4140	Car Wash	\$50.00	100
	4145	Storage of Trucks	\$40.00	
	1150	Must obtain conditional use permit. Maximum of three vehicles.		
	4150	3.2% Beer	\$500.00	
	-	On-Sale Off-Sale	\$100.00	
	11.00		\$100.00	
	4160	Outdoor Sales of Seasonal Farm Produce, Christmas Tree Sales	\$100.00	
	4165	Lawn Fertilizer - First Truck - Each Truck Thereafter	\$25.00	
	4170	Fireworks	\$100.00	
	41/0	FIFEWORKS	\$100.00	

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at a	all times by employers as required by	law.	
LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.	
BUSINESS NAME (Use the person(s) name if business structure is sole pro the legal name of the business entity.)	prietor or partnership (i.e., John Doe, or John [Doe and Jane Doe), otherwise it is	
DBA ("doing business as" or also known as an assumed name) (if app	olicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE	
COUNTY	E-MAIL ADDRESS		
YOUR LICENSE OR CERTIFICATE WILL N FOLLOWING INFORMATION. You must c NUMBER 1 – Workers' compensation insu	omplete number 1 or 2 be	elow.	
INSURANCE COMPANY NAME (not the insurance agent)	nance poncy information	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	
NUMBER 2 – Reason for exemption from v			
If you have questions regarding the need to obtain workers' core 651.284.5032 or 1-800-342-5354. I have no employees. (See Minn. Stat. § 176.011, subd. 9 for I am self-insured for workers' compensation (attach a copy Department of Commerce). I have employees but they are not covered by the workers' excluded employees.) Explain why your employees are not	or the definition of an employee.) of the authorization to self-insure from compensation law. (See Minn. Stat. §	the Minnesota	
Other:			
I certify that the information provided on this form is accurate and comauthorized to sign on behalf of the business.	plete. If I am signing on behalf of a busine	ess, I certify that I am	
PRINT NAME			
APPLICANT SIGNATURE (required)	TITLE	DATE	

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

SEASONAL FARM PRODUCE

Sales Permit Application

Business Name:			Dates of Operation Maximum 90 Days:to				
Sale Address:							
Sales Operator's Name:			Date of Birth:				
Street Address:							
City/State/Zip:							
Phone Number(s):							
P 10							
Property Owner:		······					
Home Address:							
City/State/Zip:		***************************************					
Phone Number:							
Property Owner's Approval S Date:	ignature:						
rules for seasonal farm p	roduce sale	s. I certify	copy of New Hope Ordinance 8.31, which spells out the that I and my employees will comply with all such rules. I osk & vehicle), evidence of insurance, sign drawings and				
Applicant Signature:			Date:				
For City Use Only:							
Date Received:			Special Instructions:				
Application Complete	Yes	No					
Site Plan Submitted	Yes	No					
Structure Photo Submitted	Yes	No					
Sign Drawing Submitted	Yes	No					
\$100 Fee Submitted (Revenue Code 3235)	Yes	No					
Proof of Insurance	Yes	No					
Copy Submitted to Admin	Yes	No					
Approved Denie	ed	Buildir	ng Official Signature:				

Forward a copy of the application, workers' comp form, MN tax id form, and payment to Business License Clerk. Upon approval by the City Council, a business license will be mailed to the applicant to be displayed at the site.

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