

2017 APPLICATION FOR TEMPORARY AMUSEMENT CENTER (CARNIVAL/CIRCUS) LICENSE

Return this completed application along with \$250.00 Non-Refundable License Fee to: City of Ramsey, 7550 Sunwood Drive NW, Ramsey, MN 55303

Make check or money order payable to the "City of Ramsey".

1) FULL Name of Business: \_\_\_\_\_

2) Manager or Proprietor's FULL Name: \_\_\_\_\_
Last First Middle Name

3) Manager's or Proprietor's Date of Birth: \_\_\_\_\_

4) Business Address: \_\_\_\_\_
Street, Box, Route City State ZIP

5) Business Phone Number(s): ( ) \_\_\_\_\_

6) Exact legal description of the premises to be licensed: \_\_\_\_\_

7) Owner of the premises: \_\_\_\_\_
Last Name First Name Middle Name

8) Address of Owner of premises: \_\_\_\_\_
Street, Box, Route City State ZIP

9) Owner's Phone Number(s): ( ) ( ) \_\_\_\_\_

10) Applicant's FULL Name: \_\_\_\_\_
Last Name First Name Middle Name

11) Applicant's Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

12) Applicant's Date of Birth: \_\_\_\_\_

13) Applicant's Place of Birth: \_\_\_\_\_

14) Applicant's Address: \_\_\_\_\_
Street, Box, Route City State ZIP

15) Applicant's Phone Numbers: ( ) ( ) \_\_\_\_\_

16) Applicant's Position With Company: \_\_\_\_\_

17) Are you the sole owner of the business? Yes: \_\_\_\_\_ No: \_\_\_\_\_

18) If partnership, state names and addresses of all partners. Include a copy of the Partnership Agreement.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

19) If corporation, state names and addresses of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing:

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No other persons than those named in this application have any interest in the management and control of such business.

20) List below any felonies or gross misdemeanors or any crimes of theft or issuance of a worthless check of which you were convicted of within the ten (10) most recent years and the nature of the crime or crimes of which you were convicted: \_\_\_\_\_

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21) Have you taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? \_\_\_\_\_. If yes, explain: \_\_\_\_\_

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22) List below **FULL** names, dates of birth, and driver's license numbers and State of Issue of all employees other than the above applicant who will be working at the carnival/circus (Attach additional pages if needed):

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23) Period of time in which activities will be conducted: \_\_\_\_\_

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24) Parking Provisions for employees and visitors: \_\_\_\_\_

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25) List below as to whether, within the preceding five(5) years, the applicant, and/or owner of the business has been convicted of any crime relating to theft, damage or trespass to property, sale of a controlled substance, or the operation of business; the nature of any such offense and the penalty assessed:

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26) This application shall be accompanied by a certificate of insurance for public liability and workers' compensation.

27) This application shall also be accompanied by a site plan/layout of proposed amusement center and a notarized letter by the property owner acknowledging and accepting the temporary use on the property.

28) Please fill out **COMPLETELY** the attached forms that are required for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required by Minnesota

Statute Sections 270.72 and 176.182. Applications will not be accepted until these forms are filled out completely.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE - FOR CITY USE ONLY**

Received on \_\_\_\_\_

Receipt # \_\_\_\_\_

Approved on \_\_\_\_\_

Zoning Approval \_\_\_\_\_

Comments:

Findings by Ramsey Police Department (including Background Check):

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Findings by Ramsey Fire Department

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Findings by Ramsey Public Works/Engineering Department

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I certify that I understand and will comply with all the findings listed above:

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

Signature: \_\_\_\_\_

Date

Form SP:CI  
LICENSE APPLICANT:

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.

2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: Temporary Amusement Center

Licensing Authority: City of Ramsey  
(Name of City, County, or State Agency issuing License)

**PERSONAL INFORMATION (if applicable):**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

**BUSINESS INFORMATION (if applicable):**

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

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

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

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

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

\_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_  
(or)

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

- ( ) I have no employees covered by the law.
- ( ) I am self-insured (include permit to self-insure)
- ( ) I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

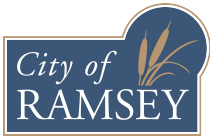
Name: \_\_\_\_\_  
(Last, First, Middle)

Doing Business As: \_\_\_\_\_  
(Business Name if different than your name)

Business Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_



**CITY OF RAMSEY**

**TENNESSEN WARNING**

In connection with your request for a license, the City of Ramsey has asked that you provide 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 private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

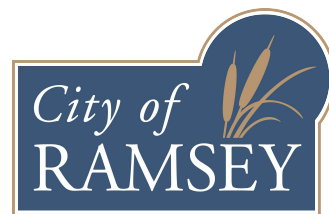
**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

**CITY OF RAMSEY**  
**CITY CLERK'S OFFICE**  
**REQUEST FOR BACKGROUND CHECK INFORMATION**



**DATA PRIVACY ADVISORY:** The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

**INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY**

**Ramsey Police Department Records Division**

Individual Background Check to Include: Criminal History, Drivers License Check, Outstanding Warrants

*Please Print*

Type of License Applied For: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

**Applicant Information:**

Driver's license, State ID, or Military ID Number (*attach copy*): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Phone(*daytime*): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Other Names Used (*in past 5 years*): \_\_\_\_\_

Other Addresses (*in past 5 years*): \_\_\_\_\_  
(Attach separate sheet if necessary)

I, the undersigned do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information to the City Clerk's Office for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY**

Approved  Denied

Checks: Criminal History  Driver's License  Warrants

Comments:

Application Processed by: \_\_\_\_\_ Date: \_\_\_\_\_