

Business Registration Certificate (BRC)

Year: _____



All businesses with the intent to operate in the City must first obtain a Business Registration Certificate (BRC) issued by the City 30 days prior to occupancy. (Ch 26, Art. III)

7550 Sunwood Drive NW
Ramsey, Minnesota 55303
Main 763-427-1410
Fax 763-427-5543

Instructions:

1. Print legibly or type.
2. Complete entire application.
3. Do not leave any lines blank. Use "NA" if it is "not applicable" to your business.
4. Sign and date completed application.
5. Send completed application and fee (if applicable) to the address indicated on back of form.

Choose: New Business (Fee: \$30) Renewal Home Occupation *

*Home occupations are not required to register their business. However, registered home occupations will be listed on the City Business List available to the public. Application fees still apply.

LOCAL CONTACT INFORMATION

Name of Business: _____ Business Type: _____

DBA: _____

Business Address: _____ Suite #: _____

Mailing Address (only if different): _____

Business Phone: _____ Fax: _____

Previous Occupant: _____ Hours of Operation: _____

Do you have an Automated External Defibrillator (AED) on site? Yes No If yes, how many? _____

What brand AED? _____

PRIMARY BUSINESS CONTACT PERSON

Name: _____ Daytime Phone: _____

Title: _____ Email: _____

KEY HOLDER CONTACT INFORMATION

(After hours emergency contacts) Please list 3 contact names in the order they should be contacted.

Name 1: _____ Name 2: _____

Home Phone: _____ Home Phone: _____

Cell/Pager: _____ Cell/Pager: _____

Name 3: _____

Home Phone: _____

Cell/Pager: _____

(Complete BOTH sides)

PROPERTY INFORMATION

PROPERTY OWNER Name: _____ Phone # _____
 Address: _____ Suite #: _____
 City: _____ State: _____ Zip: _____

MANAGEMENT GROUP Name: _____ Phone # _____
 Address: _____ Suite: # _____
 City: _____ State: _____ Zip: _____

ON SITE HAZARDS

| | Amount | Type | Storage Location |
|-----------------------|--------|------|------------------|
| Hazardous Materials | | | |
| Explosives/Ammunition | | | |
| Fire Arms/Weapons | | | |

ALARM & SECURITY SYSTEM INFORMATION

Alarm Company: _____ Dispatch phone #: _____

Type of Alarm System: _____
 (Examples: Water Flow, Burglar, Glass Break)

SIGNATURE REQUIRED

I hereby certify that the above information is accurate. In the event that the above information should change I will notify the City of Ramsey within 30 days of said change. I understand that the application fee is non-refundable. I also understand that it is my responsibility to obtain all other permits or licenses required by the City of Ramsey in accordance with Chapter 26 of City Code and any other applicable regulatory agencies.

 Signature

 Printed Name

 Date

Application Return Information
 Return completed application and fee to:

City of Ramsey
 Attn: BRC
 7550 Sunwood Drive NW
 Ramsey, MN 55303

----- CITY OFFICE USE ONLY -----

| | | |
|-----------------------------------|--|---|
| Date: | PYMT \$ | Check # |
| Planning: | <input type="checkbox"/> With Conditions | <input type="checkbox"/> Without Conditions |
| Building: | <input type="checkbox"/> With Conditions | <input type="checkbox"/> Without Conditions |
| Entered: <input type="checkbox"/> | BRC sent: <input type="checkbox"/> | |

10/2014