



**CITY OF RAMSEY
2023 APPLICATION FOR TEMPORARY AMUSEMENT CENTER
(CARNIVAL/CIRCUS) LICENSE**

License application review and approval process may take up to **15 days**. Business licenses are issued upon approval by City Council. Refer to City Code [Chapter 26](#) for ordinance details. Tax ID required per MN Statute 270C.72. Incomplete applications *will not* be accepted. License is valid for *14 days*.

Enclose with this completed, notarized application:

- License fee of \$250
- Background check fee \$35
- Completed and signed [Request for Background Check Information](#) form
- Color copy of Driver’s license or government-issued ID
- Certificate of workers’ compensation insurance (where applicable)
- Certificate of liability insurance with City of Ramsey listed as additional certificate holder
- A site plan/layout of proposed amusement center

APPLICANT INFORMATION

1) **FULL** Name of Business: _____

2) Business Type: Individual Business Corporation Partnership Other _____

3) Applicant’s **FULL** Name: _____
Last Name
First Name
Middle

4) Applicant is: Owner Manager Other: _____

5) Applicant’s Address: _____

6) Phone Number: _____ Cell Business Other: _____

7) Minnesota Tax Identification No.: _____

8) Federal Tax Identification No.: _____

9) Location of Amusement Center (address, property ID #): _____

10) Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years? Yes No
If Yes, list offense(s) with dates & locations:

11) Has applicant 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? Yes No If Yes, explain:

OWNER INFORMATION

12) Property Owner **FULL** Name: _____
Last Name First Name Middle

13) Property Owner Address: _____

14) Property Owner Phone Number: _____

15) 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):

16) Period of time in which activities will be conducted: _____

17) Parking provisions for employees and visitors: _____

DATA PRACTICES ADVISORY: *The data supplied in this application 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.*

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. Business activities are not allowed until approved by City Council and license is issued. Failure to adhere may risk up to \$250 fine and/or immediate denial of future applications.

Applicant’s Signature: _____ Date: _____

Subscribed and sworn to before me, a notary public, on this ____ day of _____, 20_____

NOTARY PUBLIC

My Commission expires: _____

Return completed application and requested information along with the fee to:
City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303

Make check or money order payable to “City of Ramsey”. VISA, MasterCard, Discover accepted.

**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. This information will be collected by the licensing agency and retained in their files.

This information is required by law. 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.

- 1. Insurance Company Name:** _____
(NOT the insurance agent)
- Policy Number: _____
- Dates of Coverage: _____

OR

2. 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

Application to be routed for review by:

- Police Department
- Fire Department
- Building Inspections
- Public Works
- Planning / Code Enforcement

Comments: _____
