

**PUBLIC DANCE LICENSE  
INCLUDES OUTDOOR MUSIC**

<b>Applicant Name :</b> (First, Middle Last)	
<b>Home Address:</b>	<b>Date of Birth:</b>
<b>Driver's License #:</b>	<b>Phone:</b>

I hereby make application for a Public Dance License including outdoor music for the following establishment:

(Name of Establishment)	(Address)
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Located in the City of St. Francis, Anoka County, Minnesota.

<b>On-site Manager:</b>	<b>Phone:</b>
<b>Dance Schedule:</b> (days & hours of event)	<b>Size of Dance Floor:</b>

I agree the dance/outdoor music shall be conducted in accordance with the provisions and regulations of the City of St. Francis pertaining thereto.

I (have) (have not) been convicted of a felony, gross misdemeanor or of violating any of the provisions of the Laws of Minnesota or of any ordinance regulating dances any place in the United States during the past five years. If so, please list the date, location and offense:

I have read the applicable ordinances and am familiar with the content. I will strictly comply with all of the provisions. I agree to waive my constitutional rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of this license if found to have violated the provisions of the Ordinance for the granting of this license. I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge.

I have contacted the St. Francis Police Department at 763-753-1264 and arranged to have the required number of officers at the dance. (Officers Expense not included in Permit Fee)

<b>Signature:</b>	<b>Date:</b>
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- Certificate of Insurance attached
- Driver's License or State Issued ID attached

**License Fee \$100.00 per year (or \$10.00 per dance)**

**License Period: January 1 – December 31**

## LICENSE APPLICANT INFORMATION

Under Minnesota Law (M.S. 270.72) 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, we must advise you:

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 print or type in the following information and return along with your application.

Please print or type in the following information and return along with your application

Applicant Name: (First, Middle, Last)	SSN:
Street Address:	
Driver's License #:	State of Issue:
Store Name:	Store Phone Number:
Store Contact:	Title:
Street Address:	City, State, Zip

MN Tax ID Number:	Federal Tax ID Number:
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If a Minnesota Tax Identification Number is not required, please explain: \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

**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 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 \$2,000 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: \_\_\_\_\_ to \_\_\_\_\_

**(OR)**

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

- ☐ I have no employees.
- ☐ 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).

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I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Name:	
Doing Business As:	
Business Address:	
City, State, Zip:	Phone:

Signature:	Date:
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