City of Willmar
PO Box 755
Willmar, MN 56201

CITY OF WILLMAR
LICENSE APPLICATION FOR
(check all that apply)

CAFÉ-RESTAURANT	($30)	_____	THEATRE	($75, $150, $300)	_____
SOFT-DRINK	($30)	_____	TAXICAB	($30)/cab	_____
			BOWLING ALLEY	($30)	_____

COMPLETE ALL APPLICABLE ITEMS

APPLICANT'S LEGAL NAME: _____
APPLICANT'S ADDRESS: _____ **TELEPHONE NO.** _____
_____ DATE OF BIRTH: _____

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
MAILING ADDRESS: _____
BUSINESS TELEPHONE NO. _____
BUSINESS MN TAX ID # _____
BUSINESS FEDERAL TAX ID # _____
IF A FIRM OR CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS:

_____ _____
_____ _____

APPLICATION IS: NEW _____ RENEWAL _____
DATE OF LAST FOOD INSPECTION
(if applicable): _____

TAXICAB VEHICLE LIST (include serial numbers) (if applicable):

_____ _____
_____ _____

The undersigned makes this application pursuant to all laws of the State of Minnesota and applicable ordinances of the City and such rules and regulations as the Council of the City of Willmar may from time to time prescribe.

_____ _____
SIGNATURE OF APPLICANT DATE

LICENSE APPROVAL

				Initials	Date
FEE PAID	_____	_____	POLICE CHIEF	_____	
	amount	date	CITY CLERK	_____	

RECEIPT NO. _____
PROOF OF WORKERS COMP.
INS. _____

CITY OF WILLMAR

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group. 9. Disability type, 10, Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Date:_____

_____
Signature of Applicant

Certificate of Compliance
Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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 all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

_____

☐ Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

READ THE FOLLOWING BASIC GUIDELINES TO DETERMINE WHICH LICENSES ARE REQUIRED FOR YOUR ESTABLISHMENT(S).

CAFÉ-RESTAURANT: Food is prepared on-site with one (1) or more seats available for patrons to consume food on-site.

** Does not pertain to delivery service or take-out of prepared food, (example: pizza delivery, catering services, convenience stores where pre-packaged food is microwaved and taken out).

SOFT-DRINK: Drinks such as coffee, tea, milk, or pop from a self-service system. Also, drinks including all liquors, liquids or compounds and not defined to be intoxicating liquor or nonintoxicating malt liquor under state law.

** This does not apply to any place where soft drinks are dispensed or sold solely through coin-operated vending machines.

Please Contact the City of Willmar if clarification is needed at 320-235-4913.