



City of Coon Rapids
 Office of the City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433-3761
 Phone: 763-767-6432
 Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

License #:	
Receipt #:	
Date:	
Fee Paid:	

License Application Guidelines and Checklist

License Type: Amusement Center	
<p>DEFINITIONS: An “amusement center” is hereby defined to be any establishment which utilizes in its operation amusement devices, including, but not limited to, pool tables, table tennis, shuffle board, or any mechanical amusement device, and whose principal source of revenue is derived from such devices, but shall not include bowling alleys.</p>	
Staff Initials:	<p>Application Checklist Submit completed items below to: Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433</p>
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. License Applicant Information (Form #2)
	<input type="checkbox"/> 3. Minnesota Workers' Compensation Liability (Form #3)
	<input type="checkbox"/> 4. Authorization of Release of Data (Form #4)
	<input type="checkbox"/> 5. Supplemental Investigation Information (Form #5) <i>for all owners, corporate officers holding more than 5% outstanding stock, and manager</i>
	<input type="checkbox"/> 6. Supplemental Information for Corporate Owners (Form #6) <i>for all owners, corporate officers holding more than 5% outstanding stock, and manager</i>
	<input type="checkbox"/> 7. Current State-Issued Photo ID <i>for all owners, corporate officers holding more than 5% outstanding stock, and manager</i>
	<input type="checkbox"/> 8. Site Plans of Premises
	<input type="checkbox"/> 9. License Fee (2020 - \$505)
	<input type="checkbox"/> 10. Background Investigation Fee (2020 - \$25 each) <i>for all owners, corporate officers holding more than 5% outstanding stock, and manager</i>
<p>Your License Application</p> <ul style="list-style-type: none"> Incomplete and/or illegible applications will be returned. All applications must be signed by an owner, partner, or principal. No license will be issued for a period longer than one year. Standard license periods are from January 1 to December 31. Licenses are not transferable. Make a duplicate copy of this packet for your personal records before submitting. Minnesota Sales Tax ID (651) 296-6181 Federal Tax ID/Employer Identification Number (651) 312-8082 Multiple licenses must be filed individually and may not be combined. 	



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Form #1

License Application for Amusement Center

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Home Telephone:		Mobile Telephone:	
Applicant is the:			
<input type="checkbox"/> Manager <input type="checkbox"/> Owner			
Of:			
Full Legal Business Name:			
Doing Business As Name:			
Address of Business:	Street:		
	City:		
	State:	Zip:	
Location Manager			
First Name:			
Middle Name:			
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
<p><i>Anytime there is a change in the manager, you are required to inform the City of Coon Rapids of the change. It will be necessary for a New Manager Application and a background investigation to be completed in order for your Amusement Center License to remain valid.</i></p>			

Please send the 2020 License Certificate to the following address:

Please send the 2021 Renewal Application to the following address:



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Form #1

If Corporation or Partnership, state:	
Type of Organization:	<input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Full Legal Business Name:	
Date of incorporation:	
State of Incorporation:	

I agree, as part of this application, to list the corporate owners holding more than five percent (5%) of the outstanding stock of the corporation. I will notify the City Clerk of any change in legal ownership in this business. The owners of the corporation are as follows:

***ALL Corporate Owners MUST fill out the Supplemental Investigation Information (Form #5) and Supplemental Information Form (Form #6) and provide copies of a Current State Issued ID.**

Corporate Owner #1	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
Corporate Owner #2	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
Corporate Owner #3	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:



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Form #1

Other Information	
Have you been convicted of a gross misdemeanor or felony?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicant has been convicted, please state: NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.	
Conviction #1	
Date:	
Location:	
Nature of Conviction:	
Conviction #2	
Date:	
Location:	
Nature of Conviction:	
Conviction #3	
Date:	
Location:	
Nature of Conviction:	
Have you applied for or held a license of this nature in another community?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state:	
Name of Business:	
Address of Business:	Street:
	City:
	State:
	Zip:
List the number and types of devices used:	
Days and Hours of Operation:	
Zoning of Amusement Center Location	



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Form #1

Attached as part of this application is a site plan of the premises showing location of amusement devices, sanitary facilities and parking provisions for vehicles and bicycles.

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on NotifyMe. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

Any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the center, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

Date

Applicant's Signature



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Form #2

License Applicant Information

Under Minnesota Law (M.S. 270C.03) 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, or any other Department of Revenue in the United States, 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.

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title



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Form #3

MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

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 176.181. 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: *Note: This is NOT the insurance agent.	
Telephone Number:	
Policy Number:	
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	

(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 worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	
I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Date: _____ Signature: _____	



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Form #4

Authorization of Release of Data

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Organization Associated with:			
Have you been convicted of a gross misdemeanor or felony?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If applicant has been convicted, please state:			
NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			



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Form #4

Have you ever been convicted of any traffic offense?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If yes, please state:	
Offense #1	
Date:	
Location:	
Nature of Offense:	
Offense #2	
Date:	
Location:	
Nature of Offense:	
Offense #3	
Date:	
Location:	
Nature of Offense:	

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records and other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

Date

Signature



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Form #5



Supplemental Investigation Information

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____



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Form #6

Supplemental Information for Corporate Owners and Managers:

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Have you been convicted of a gross misdemeanor or felony?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If yes, please state:			
NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			
Have you applied for or held a license of this nature in another community?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			



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Form #6

If yes, please state:	
Name of Business:	
Address of Residence:	Street:
	City:
	State:
	Zip:

Any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the center, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

Date

Signature