

CITY OF BRAINERD
APPLICATION FOR ADULT ESTABLISHMENT LICENSE

In answering the following questions, "APPLICANTS" shall be governed as follows: For a partnership, one of the partners shall execute this application for all members of the partnership. For a corporation, one officer shall execute this application for all officers, directors and stockholders. Every question must be answered.

Full legal name of applicant _____

Previous last names if applicable _____

Residence of applicant for the past five years _____

Home Telephone Number _____ Birth Date _____

Name of Corporation or Partnership _____

Address of Corporation or Partnership _____

Corporation or Partnership Telephone Number (s) _____

The following items must be completed and/or accompany the completed application form. Whoever shall knowingly withhold information or provide false or misleading information will be grounds for denial or revocation of a license.

Name under which applicant will be doing business: _____

Business address and legal description of premises where adult establishment is to be located: _____

Business Telephone Number _____

Full legal name of manager or operator of establishment _____

Address _____

Phone Number _____ Birth Date _____

Is business a partnership individual corporation other _____

If corporation, date of incorporation and State in which incorporated _____

If subsidiary of any other corporation, state parent company _____

If incorporated under the laws of another State, is corporation authorized to do business in Minnesota

No Yes, number of certificate of authority _____

If applicant is corporation, attach certified copy of articles of incorporation and by-laws.

State the activities and types of business to be conducted: _____

State the hours of operation: _____

State provisions made to restrict access by minors: _____

State a building plan of the premises detailing all internal operations and activities: _____

Attach a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. The sketch or diagram need not be professionally prepared, but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.

Is the applicant qualified according to the provisions of this Ordinance and have or will the premises be inspected and found to be in compliance with the appropriate State, County or local law and codes by the Health Official, Fire Marshal and Building Inspector _____

Names, address, phone numbers, dates of birth of owner, lessee and all employees: _____

Name, address and phone numbers of two persons who shall be residents of the State of Minnesota and who may be called upon to attest the applicants manager's or operator's character: _____

Has the applicant, manager or operator ever been convicted of a crime or offense other than a traffic offenses and if so, complete and accurate information of the disposition thereof: _____

Names and addresses of all creditors of the applicant, owner, lessee or manager insofar as credit which has been extended for the purposes of constructing, equipping, maintaining, operating or furnishing or acquiring the premises, personal effects, equipment or anything incident to the establishment, maintenance and operation of the business: _____

Attach complete and accurate documentation establishing the interest of the applicant and any other person having an interest in the premises upon which the building is proposed to be located or the furnishings thereof. Documentation shall be in the form of a lease, deed, contract for deed, mortgage deed, mortgage credit arrangement, loan agreements, security agreements and any other documents establishing the interest of the applicant or any other person in the operation, acquisition or maintenance of the enterprise.

Are any taxes, special assessments, utility charges or any other monies delinquent or owed to the City or any other government agency of the State by the applicant or organization on behalf of which application is being made? No Yes, give details _____

Complete the following information for each individual, partner or officer of corporation holding more than five percent of the issues and outstanding stock of the corporation. Attach more pages if necessary.

Full legal name _____

Previous last names if applicable _____

Date of birth _____ Home telephone number _____

Home address _____

Address at which applicant has lived during the past five years _____

Business title _____ Percentage of interest in business _____

U.S. Citizen Yes No Naturalized, date & place _____

Have you ever had any misdemeanor, gross misdemeanor or felony convictions relating to sex offenses, obscenity or the operation of an adult establishment/ business or ever applied for or held a license to operate a similar type of business in another community? No Yes, give time, place of offense and penalty _____

Occupation (s) for the past five years _____

License fee is \$3,000 per year

Investigative fee is \$100 for new application – non refundable

Investigative fee is \$50 for renewal application – non refundable

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief and that the City Council of the City of Brainerd may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

County

(notary seal)

POLICE DEPARTMENT

This is to certify that the information in this application, as pertains to the applicant, spouses, and/or associates has been verified.

Police Chief Signature Approval

Date

FIRE DEPARTMENT

This is to certify that the premises herein described have been inspected and that the premises comply with our inspection standards relating to fire protection.

Fire Chief Signature Approval

Date

PLANNING DEPARTMENT

This is to certify that the premises have been inspected and are in compliance with the Brainerd Zoning Code.

City Planner Approval

Date

BUILDING & INSPECTION DEPARTMENT

This is to certify that the premises have been inspected and are in compliance with all local, state and federal building and safety codes.

Building Inspector Approval

Date

Council approval date _____ City license number _____

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)
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DBA (doing business as name) (if applicable)

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

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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 of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name _____

Applicant's Address _____

City State Zip Code

Social Security Number _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____

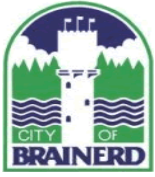
City State Zip Code

Minnesota Tax Identification Number _____

Federal Tax Identification Number _____

If Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position(Officer, Partner, Individual, Etc.)



CITY OF BRAINERD

AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does 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 or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives 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 by it in its 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 way pertaining to the furnishing or inspection of such documents, records and other information.

Please complete the following information:

Full Name (please print): _____
First Middle Last

Date of Birth: _____

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: _____

Address: _____
Street Address City State Zip

Previous Address: _____
Street Address City State Zip

SIGNATURE OF APPLICANT

DATE

State of _____

County of _____

On _____, _____ personally appeared before me to be the signer of
Date Full Legal Name of Applicant

this document.

Signature of Notary Public

My Commission Expires

(SEAL)