CITY OF EDINA
EDINA HEALTH DEPARTMENT
4801 WEST 50TH STREET
EDINA, MINNESOTA 55424-1394

## INSTRUCTIONS FOR NEW BUSINESS LICENSE APPLICATION

- Complete the application and Workers' Compensation Law forms enclosed. Sign all forms and fill in all appropriate sections concerning your establishment.
- See the Fee Schedule attached and send the appropriate fee with the completed information required.

Any questions may be directed to Jane Timm (952) 826-0409.

CITY OF EDINA
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4801 WEST 50TH STREET
EDINA, MINNESOTA 55424-1394

APPLICATION FOR BUSINESS LICENSE
APRIL 1, 20 ___ TO MARCH 31, 20___

FOR OFFICE USE ONLY

Approved Health Dept_____

Date_____

Approved City Clerk _____

Date _____

- Complete this application in ink or use a typewriter. On the back, please complete the table with all information pertaining to your establishment.

Name of Establishment_____ Phone_____

Establishment Address_____ Fax _____

City_____ State_____ Zip _____

Applicant (name of individual, partnership, corporation, LLC, or association)_____

Applicants Full Address_____

Owner (if individual) Full Home Address_____

Contact Person_____
(First, Full Middle, Last) (Title) (Full Address-Street, City State Zip)

Contact Person Phone No. and Fax No. _____

**This contact person will receive all legal notices and renewal information. Your entity is responsible for keeping this information current.**

Minnesota Tax ID Number _____ Federal Tax ID Number _____

If a Minnesota Tax ID is not required please explain_____

_____

Social Security Number (If Applicable) _____

- If applying on behalf of a partnership, corporation or association please list the full name, present home address and birthdate of all partners, all officers and directors as well as shareholders with a 10% or greater interest in the licensed establishment below (Attach additional sheet if necessary.)

Name_____ Date of Birth_____

Full Home Address_____

Name_____ Date of Birth_____

Full Home Address_____

*THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. 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 Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.* ***Please sign below to indicate that you have read this notice:***

*Signature*_____

*I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:*

*Address*_____ *Telephone Number*_____

## Food Establishments

- If applicable, name at least one supervisory employee currently certified in food sanitation by the MN Dept. of Health. Expiring certifications are renewable through the MDH by taking 4 hours of related training.

NAME_____ EXPIRATION DATE_____

NAME_____ EXPIRATION DATE_____

- Attach additional sheets if necessary.

## Vending Machines

| Number of Machines | Type of Machine | Location |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

- Attach additional sheets if necessary.

## Amusement Machines

- Provide liability insurance certificate. See Insurance Requirements attached.

| Number of Machines | Type of Machine | Location |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

- Attach additional sheets if necessary.

## Swimming Pools and Whirlpools

Certified Pool Operators Name_____ Date Certified_____

Pool Address_____ Phone _____

- Attach a copy of Pool Operators Certificate
- Indicate number of pools.

_____ Whirlpool Indoor _____Whirlpool Outdoor _____Swimming Pool Indoor _____ Swimming Pool Outdoor

*ABIGAIL TAYLOR POOL SAFETY ACT REQUIRED.*

By July 1, 2008, and annually thereafter, all public pool owners must certify all outlets except for unblockable drains are equipped with covers that have been stamped by the manufacturer that they are in compliance with ASME/ANSI standards; and all covers and grates, including mounting rings, have been inspected to ensure that they have been properly installed and are not broken or loose.

**I hereby certify all the information given is complete and accurate.**

X_____ X_____

Applicant's Signature Date

FOR CITY USE ONLY:

**Forms required with this application:** License Fee of $_____ Workers' Compensation Insurance Proof_____

Other_____ Access Database Entry-Date _____

**Codes:** 1490.4171 Food 1490.4173 Pool 1490.4170 Tobacco 1490.4172 Vending 1490.4176 Amusement

# 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.

# Edina Health Department Fee Schedule

**4801 West 50th Street**
**Edina, MN 55424-1394**
**Phone: (952) 927-8861**
**Fax: (952) 826-0390**

**INSTRUCTIONS:**
Use the schedule below for calculating license fee. Food and/or lodging establishments **must** include the $150.00 base fee in calculating the fee. The total fee is obtained by adding the total from Schedule "**A**" and the total from Schedule "**B**". Use Schedule "B" only if it applies to the proposed business. Businesses opening after Oct. 1st will pay 50% of license fee for annual license. Licenses expire on March 31st annually.

| **Schedule A**<br>Check all that apply | Amount | Fee Calculation | **Schedule B (if applicable)**<br><br>Other: | Amount | Fee Calculation |
|---|---|---|---|---|---|
| Base Fee (Schedule A only) | $150.00 | **$150.00** | Indoor Swimming Pool<br>Number Pools _____X | 470.00 | = |
| Low Risk Food | 110.00 | | | | |
| Medium Risk Food | 380.00 | | Outdoor Swimming Pool<br>Number Pools _____X | 330.00 | = |
| High Risk Food | 610.00 | | | | |
| Alcohol Service From Bar | 130.00 | | Whirlpool No. Pools _____X | 170.00 | = |
| Beer or Wine Table Service | 55.00 | | Food Vending Machines<br>Number Machines _____X | 15.00 | = |
| Food Vehicle | 138.00 | | | | |
| Additional Facility____ X | 150.00 | = | Amusement Location | 15.00 | |
| Boarding & Lodging House | 105.00 | | Amusement Devices<br>Number Machines _____X | 15.00 | = |
| Supervised Group Home | 45.00 | | | | |
| Lodging: Hotel, Motel, or Lodging House. | 105.00 | | Tobacco Sales | 365.00 | |
| | | | Pushcart | 200.00 | |
| Lodging<br>Number Rooms _____ X | 8.00 | = | | | = |
| | TOTAL **A** | $ | | TOTAL **B** | $ |

Submit this total with application: **Total A** _____ plus **Total B** _____ = **Total Fee $**_____

**Lodging Establishments**: Are you registered for Chapter 144D, Housing with Services? _____

**DEFINITIONS:**

**Low, Medium and High Risk:** Food establishments as defined in Minnesota Statutes 157.

**Alcohol Service From Bar:** Food establishment where alcoholic mixed drinks are served or where beer or wine are served from a bar.

**Beer or Wine Table Service:** Food establishment which serves only beer or wine to customers seated at tables.

**Additional Facility:** Food service or operation which is separate, distinct or unique from the central or main food establishment, as determined by the Health Authority.

**Supervised Group Home:** Food establishment which includes sleeping accommodations for five (5) or more regular boarders and no more than ten (10) regular boarders for periods of one week or more and which provides supervision for the boarders and is registered for special services pursuant to Minnesota Statutes 144D.

**Lodging:** Hotel, Motel or Lodging house as defined in Minnesota Statutes 157.

**Boarding and Lodging House:** Establishment which includes boarding and lodging for five (5) or more regular boarders but no more than ten (10) regular boarders for periods of one week or more.