
Have you submitted . . .

- Completed Amusement Devices License Application
- Lease agreement
- Certificate of Insurance
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form
- Proof of Payment of Property Taxes

Questions . . .

To obtain an amusement devices license application or for more information please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199

Telephone (763) 569-3300

TTY/Voice 711

Fax (763) 569-3494

www.cityofbrooklyncenter.org

Amusement Devices License Procedures

Revised 10/17

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of amusement device operators as defined in Section 23-2101 of its Ordinance.

The license period is July 1 through June 30.

Amusement devices are defined in Section 23-2102 (C) of the City Ordinance and include “pinball” machines, electronic or video games, mechanical miniature pool tables, pool or billiard or bumper pool tables, bowling machines, shuffle boards, electric rifle or gun ranges, rides for children such as kiddie cars, miniature airplane, horse, or other miniature mechanical devices not operated as a part of or in connection with any carnival, circus, show, or other entertainment or exhibition.

Amusement operator is a person, firm, partnership, or corporation that manages and/or owns premises on which one or more amusement devices are available for use by persons not employed by the operator

Please complete or provide the following:

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- **License Application** - completed information as required in Section 23-2103 (A) of the City Ordinance
 - **Lease Agreement** - copy of lease agreement with an amusement device vendor or supplier
 - **Certificate of Insurance** - certificate of insurance from your insurance carrier as required in Section 23-2105 of the City Ordinance
 - **License Fee** - \$15 per location, plus \$15 per machine or device; \$10 per kiddie ride (cash, cashier’s check, or certified check pro-rated on a monthly basis from City Council approval date)
 - **Proof of Workers’ Compensation Insurance Coverage Form** - completed form as required by Minnesota Statute Section 176.182
 - **Minnesota Business Tax Identification Number** - completed form as required by Minnesota Statute Section 270.72

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- **Proof of Payment of Property Taxes** – submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at www.co.hennepin.mn.us

License Approval

Upon the City Clerk’s receipt of a completed amusement devices license application, certificate of insurance, Proof of Workers’ Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the license application will be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2nd and 4th Monday of the month. In order to get the license application on a City Council agenda, the materials must be submitted at least seven (7) days prior to a City Council meeting.

License Application Amusement Devices – Operator

Annual Expiration: June 30
\$15 per machine/device
\$10/kiddie ride

TO THE HONORABLE CITY COUNCIL:

Date: _____

LOCATION OF AMUSEMENT DEVICES

Business Name: _____

Business Owner: _____

Business Address: _____

Business Telephone Number: _____

What is the primary business conducted at this premises (see City Ordinance Section 23-2109)?

List the number of each type of amusement devices on the premises.

_____ Electronic _____ Mechanical _____ Kiddie Rides _____ Other

OPERATOR/APPLICANT

Definition: A person, firm, partnership or corporation which manages and/or owns premises on which one or more amusement devices are available for use by persons not employed by the operator.

Name of operator/applicant (name of individual, partnership, corporation, or association):

TYPE OF OPERATOR/APPLICANT

_____ Natural Person (Individual)

_____ Partnership

_____ Corporation

_____ Association or other

Has operator ever been charged or convicted of any misdemeanor or felony excluding traffic violations?

Yes

No

If yes, give information as to the time, place, and offense for which charges were filed or convictions were had.

CORPORATION

If applicant is a corporation or association, give the name of corporation or association and home office address and phone number.

Name: _____

State of Incorporation or Association: _____

Home Office Address: _____ Phone: _____

State full names, dates of birth, residence addresses, and telephone numbers of all officers or directors of said corporation or association.

President: _____ (Last) (First) (Middle) _____ DOB: _____

Residence Address: _____ (Street, City, State, Zip) _____ Phone: _____

Business Address: _____ (Street, City, State, Zip) _____ Phone: _____

Vice-President: _____ (Last) (First) (Middle) _____ DOB: _____

Residence Address: _____ (Street, City, State, Zip) _____ Phone: _____

Business Address: _____ (Street, City, State, Zip) _____ Phone: _____

Secretary: _____ (Last) (First) (Middle) _____ DOB: _____

Residence Address: _____ (Street, City, State, Zip) _____ Phone: _____

Business Address: _____ (Street, City, State, Zip) _____ Phone: _____

Treasurer: _____ (Last) (First) (Middle) _____ DOB: _____

Residence Address: _____ (Street, City, State, Zip) _____ Phone: _____

Business Address: _____ (Street, City, State, Zip) _____ Phone: _____

VENDOR (IF OTHER THAN OPERATOR):

Name: _____

Address: _____
(Street Address, City, State, Zip)

Phone: _____

The undersigned hereby applies for an amusement devices operator license and acknowledges receipt of a copy of City Ordinance Sections 23-2101 through 23-2117 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is a copy of applicant's insurance certificate, proof of workers' compensation insurance coverage, and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____ County _____

My Commission expires _____

City of Brooklyn Center
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. 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 Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

X License being applied for or renewed: _____

X License renewal date: _____

X **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: _____

Applicant's Address: _____

(Address, City, State, and Zip)

Social Security Number: _____

X **BUSINESS INFORMATION Please Print:**

Business Name: _____

Contact Person: _____

Business Address: _____

(Address, City, State, and Zip)

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

X Federal Tax Identification Number: _____

X Minnesota Tax Identification Number: _____

X _____
Signature Position (Officer, Partner, etc.) Date

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.