



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: | |

Application Guidelines and Checklist

License Type: CARNIVAL / CIRCUS

In compliance with Coon Rapids City Code 5-700 you are required to submit the following information for a Carnival / Circus License.

| Staff Initials: | Application Checklist Submit completed items below to: Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433 |
|--------------------|---|
| | <input type="checkbox"/> 1. 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. Copy of Public Liability Insurance Policy and Declaration Page The insurance policy is required to cover all operations of the carnival, including all rides, in the amounts of not less than \$1,000,000 per occurrence and \$2,000,000 general aggregate. Such policy shall be in force and effect for all days the carnival is in operation, including days for set up and take down. The policy must name the City of Coon Rapids as an insured and shall save the City harmless from any and all liabilities or causes of action which might arise by virtue of granting the permit |
| | <input type="checkbox"/> 5. \$1,000 Cash Deposit or Bond |
| | <input type="checkbox"/> 6. On-Site Approval by City Building Official – a separate permit is required for this approval. Please call the Building Official to find out more about this requirement at 763-767-6476. |
| | <input type="checkbox"/> 7. Certification by Electrical Inspector for State of Minnesota The applicant shall furnish to the City in writing a certification form from the electrical inspector of the State of Minnesota that the applicant complies with applicable electrical code. |
| | <input type="checkbox"/> 8. Site Plan – a site plan is required to assess traffic flow and parking impacts along with Zoning implications. For more information about this please contact the Zoning Department at 763-767-6430. |
| | <input type="checkbox"/> 9. License Fee: Carnival: (2019) \$330 for 0-5 rides, \$39 each additional ride Circus: (2019) \$410 for 1 st Day, \$45 each additional day |
| | <input type="checkbox"/> 10. Copy of current Photo ID or other state issued identification card. |

Your License Application

- Incomplete and/or illegible applications will be returned.
- All applications must be signed by an owner, partner, or principal.
- 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 Carnival / Circus

| Person Making Application for: (choose one) | |
|---|---------|
| <input type="checkbox"/> Carnival <input type="checkbox"/> Circus | |
| Complete Legal Business Name: | |
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Date of Birth / Place of Birth: | |
| Address of Residence: | Street: |
| | City: |
| | State: |
| | Zip: |
| Email Address: | |
| Day Telephone: | |
| Evening Telephone: | |
| <input type="checkbox"/> I understand that if this is a Corporation or Partnership, the next page needs to be filled out. | |
| Event Information: | |
| Location of Carnival/Circus will be operated on the premises of: | |
| Dates of Operation: | |
| Hours of Operation: | |
| Dates of Set Up: | |
| Dates of Take Down: | |
| Please list the NUMBER and TYPE of rides to be used in the operation: | |
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Form #1

I have read the applicable ordinance and am familiar with the content. I will strictly comply with all of the provisions. (Any person who violates the provisions of the ordinance shall be guilty of a misdemeanor and upon conviction thereof shall be punishable by a fine of not to exceed \$1,000 or by imprisonment for a period of not to exceed 90 days or by both.)

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".

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.

I Hereby solemnly swear the foregoing statements are true and correct to the best of my knowledge.

Date

Applicant's Signature



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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 |
| Complete Legal Business Name: | |
| Doing Business As: | |
| Date of incorporation: | |
| State of Incorporation: | |
| Name of Managing Partner: | |
| Managing Partner Phone#: | |

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. The owners of the corporation are as follows:

| Officer / Partner / Owner #1 | |
|------------------------------|---------|
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Address of Residence: | Street: |
| | City: |
| | State: |
| | Zip: |
| Designation: | |
| % of Interest: | |
| Officer / Partner / Owner #2 | |
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Address of Residence: | Street: |
| | City: |
| | State: |
| | Zip: |
| Designation: | |
| % of Interest: | |
| Officer / Partner / Owner #3 | |
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Address of Residence: | Street: |
| | City: |
| | State: |
| | Zip: |
| Designation: | |
| % of Interest: | |



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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: _____ | |