

BUSINESS OWNERSHIP INFORMATION:

Type of Ownership: Individual Partnership Limited Liability Corporation (LLC) Corporation (Inc)

If the above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:
(attach additional sheets as necessary)

Partner/Officer Name: First Middle Last

Home Address: _____

City, State, Zip: _____

Date of Birth

SUPERVISOR OR MANAGER IN CHARGE OF BUSINESS:

Name: _____

 First Full Middle Name Last

Address: _____

City, State, Zip: _____

Home Phone Work Phone Cell Phone

Date of Birth E-Mail Address

PROPERTY OWNERSHIP INFORMATION:

The property at which I am requesting a license for, I Own Rent Lease Other: _____

If you are not the property owner, please list property owner information:

Name: _____

 (First) (Full Middle) (Last)

Address: _____

Home Phone Work Phone Cell Phone

Date of Birth

If you are not the owner, you must attach proof of your authorized use or lease with the owner, providing the name, address and phone number of the property owners.

AMUSEMENT DEVICE OWNER (Vendor) INFORMATION:

The devices which I am requesting a license for, I Own Rent Lease Other: _____

Please list any other persons having any ownership interest or control, either directly or indirectly, in the amusement device(s) to be kept, maintained or operated at premise:

Vendor Name: _____

Address: _____

Name of Contact Person: _____

Home Phone

Work Phone

Cell Phone

E-Mail Address

Please answer the following questions. If the application is submitted on behalf of a partnership, LLC or Corporation, you must include the following information for each partner, officer and Director (attach additional sheets as necessary)

1. Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic? Yes No

If yes, give information as to the date, place, and offense for each conviction.

2. Have you ever been denied a license to conduct a similar or like activity or had such licenses suspended, revoked or canceled in any City/State, including Cloquet within the last five years? Yes No

If yes, please provide details; description, date and location _____

3. List all names, nicknames and aliases by which you have been known: _____

4. List addresses at which you have lived during the preceding five years. (Begin with present or last address and work back.) *Attach additional sheets if necessary.*

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

“Amusement Device” shall mean any machine, table, apparatus or device intended for use by the public for entertainment, recreation and/or amusement, including, but not limited to, "pinball" machines, mechanical and non-mechanical pool tables whether miniature or otherwise, billiard tables, ping pong tables, bowling machines, shuffle boards, electric rifle or gun ranges, miniature mechanical or computer devices and games or amusements patterned after basketball, hockey and similar games or war games and like devices, machines or games which shall be played solely for amusement, recreation and/or entertainment and not as gambling devices and which machines shall be played either by the insertion of a coin or other token or by payment of a fixed fee directly to the supervisor of the establishment in which the machines are located.

Please describe the type and number of amusement devices on the premise:

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Number: _____ Description: _____

Total Number of Devices: _____ X \$15.00 each: _____

\$15.00 per location/operator: _____

Total Fee: _____

If you do not own the amusement devices, please provide a copy of the agreement/lease from the Amusement Device Owner (vendor) to operate devices on the premises.

I HEREBY UNDERSTAND AND AGREE THAT:

1. Information revealed herein for an Amusement Devices Operator License in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
2. Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

 Signature of Applicant _____ Date

Print Name _____
First Middle Last

SEND FUTURE APPLICATION RENEWALS TO:

- Applicant's Residence Address
- Business Address

FOR CITY USE ONLY: (When applicable)				
	Signature:	Approved:	Denied:	Date:
Planning:				
Police Chief:				
Fire Dept.:				
Finance Director:				
City Administrator:				

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

- Police Records Liability Waiver (*including each partner/officer and manager of premise*)
- Photocopy of current Minnesota Driver's License.
- Authorization & Release/Data Practices Advisory Form
- Minnesota Business Tax Identification Law Form.
- If not the owner of the property, proof of your authorized use or lease with the owner of the property.
- Copy of agreement/lease from Amusement Device Owner to operate devices on premise.

- Appropriate Fees:
 1. Annual Location/Operator License Fee - \$15.00 per location
 2. Amusement Device - \$15.00 each device

Authorization & Release

The undersigned, having filed an application with the City of Cloquet 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.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

Signature of Applicant

Date

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. **The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and 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 Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

License Type: _____

Please supply the following information and return along with your application to the City of Cloquet.

APPLICANT INFORMATION		
Name: First	Full Middle	Last
Current Address:		
City:	State:	Zip Code:
Social Security Number:		

BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip Code:

TAX IDENTIFICATION NUMBERS	
Federal Tax Identification Number:	
Minnesota Tax Identification Number:	

Signature: _____

Date: _____

**CLOQUET POLICE DEPARTMENT
508 Cloquet Avenue - Cloquet, MN 55720**

POLICE RECORDS LIABILITY WAIVER

I respectfully request and expressly authorize the Cloquet Police Department to inspect criminal history records maintained on me by any and all law enforcement agencies, the Bureau of Criminal Apprehension and/or the Federal Bureau of Investigation. I further authorize the Cloquet Police Department to release any information obtained from these sources to the City of Cloquet as may be required. Information obtained in this manner is to be used solely for the purpose of determining my eligibility for the following:

License you are applying for: _____

APPLICANT INFORMATION		
First Name:	Full Middle Name:	Last Name:
Current Home Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail address: <i>(if applicable)</i>		
Date of Birth:	Social Security Number:	
Driver's License Number:		
Other names by which applicant has been known, including maiden name, names from previous marriages or aliases:		
First Name:	Full Middle Name:	Last Name:
First Name:	Full Middle Name:	Last Name:
Business Name:		
Business Address:		
Business Phone Number:		

I hereby expressly release the Cloquet Police Department and its employees from any liability for damage to me which may result from the furnishing of such information:

X _____
Signature of Individual Authorizing Release

Date

(Please submit copy of Driver's License)