

CITY OF MELROSE
225 E First St N
PO Box 216
Melrose, Minnesota 56352
Phone (320) 256-4278
Fax (320) 256-7766

APPLICATION FOR SEXUALLY ORIENTED BUSINESS

1) Applicant Name: _____
Natural Person/Corporation/Partnership/Other Organization (circle one)

2) Business Name: (DBA): _____ Business Phone: _____

3) Business Address (business location): _____
Street

City State Zip

4) Legal description of premises to be licensed: _____
Attach a map of the area showing dimensions, locations of buildings, street access and parking facilities.

5) Attach to this application a floor plan of the premises that shall detail all internal operations and activities, including a statement of the total floor space occupied by the business. The floor plan need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimension of the interior of the premises to an accuracy of plus or minus 6 (six) inches.

6) Projected date of opening: _____ License Period: _____

New or Renewal? _____

7) If the business is to be conducted under a designated name, or style other than the name of the applicant, attach to this application a certified copy of the certificate required by Minnesota Statutes, Section 333.01.

8) Are the premises now occupied? ____ Yes ____ No

If yes, what type of business? _____

9) Mail To Address (if different than business address): _____
Street

City State Zip

10) Have all real estate and personal property taxes been paid? ____ Yes ____ No
If no, what are the years and amounts that are unpaid: _____

A license will not be issued to a person who:

- Is not a citizen of the United States or a resident alien;
- Is a minor at the time the application is filed;
- Has been convicted of a crime directly related to the licensed occupation and has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties of the owner, operator or manager of a sexually oriented business under M.S. §364.03, subd. 3, as it may be amended from time to time, or a person not of good moral character and reput;
- Holds a liquor license under Melrose City Code Chapter 113;
- In the judgment of the licensing authority, is not the real part in interest or beneficial owner of the business operated under the license;
- Has had a license for a sexually oriented business or similar business revoked anywhere within 5 years of the license application; or
- In the case of an individual, is not a resident of the state; in the case of a partnership, the managing partner is not a resident of the state; or in the case of a corporation, the manager is not a resident of the state. The required residency must be established by the time the license is issued and maintained throughout the existence of the license and all renewals. The time for establishing residency may, for good cause, be extended by the licensing authority.

11) Applicant Information (Natural Person):

Name: _____
 First Middle (Maiden) Last Title

Home Address: _____
 Street City State Zip

Date of Birth: _____ Place of Birth: _____ Home Phone: _____

Social Security # _____ Driver's License # _____

_____ Single _____ Married If married, the true name, place and date of birth and street address of applicant's spouse.

Have you ever used or been known by another name? _____ Yes _____ No If yes, provide all prior names used and information concerning dates and places where used and attach to this application.

Provide the street and city addresses where you and your spouse have lived during the preceding ten (10) years.

Provide the type, name, and location of every business or occupation in which you and your spouse have been engaged during the preceding ten (10) years and names and addresses of all your and your spouses' employers and partners, if any, for the preceding ten (10) years.

Have you ever been convicted of a violation of a state law or local ordinance, other than a non-alcohol related traffic offense?

Yes No If yes, provide the following information regarding the offense(s).

Date of arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

Have you or your spouse been engaged as an employee or in operating a sexually oriented business, massage business or other business of a similar nature in another municipality or township?

Yes No

If yes, provide the date, place and length of time. _____

If yes, was the license ever denied, suspended or revoked? Yes No

If yes, list the dates, place and reasons for denial, suspension, or revocation and length of time: _____

Have you or your spouse ever been in the military service: Yes No If yes, upon request, you must exhibit all discharges.

12) Are you going to operate this business personally? Yes No If not, who will operate it?

First Name Middle (Maiden) Last Date of Birth

Social Security Number Driver's License Number

Home Address: Street City State Zip Phone Number

13) Are you going to have a manager or assistant in this business? _____ Yes _____ No If the manager is not the same as the operator, please complete the following information:

First Name	Middle	(Maiden)	Last	Date of Birth
Social Security Number			Driver's License Number	
Home Address: Street	City	State	Zip	Phone Number

PARTNERSHIPS

Attach to this application all information concerning each partner that is required of natural person applicants (Section 11).

Attach to this application, names of all partners and the interest of each partner in the business. A managing partner or partners must be designated.

Provide a true copy of the partnership agreement. If the partnership is required to file a certificate as to a trade name pursuant to Minnesota Statutes, Section 333.01, attach a certified copy of the certificate to this application.

CORPORATIONS

If the business is incorporated, list the name, date of incorporation and the state of incorporation:

Attach to this application a true Certificate of Incorporation, Articles of Incorporation or Association Agreement and By-laws. If the applicant is a foreign corporation, attach to this application a Certificate of Authority as required by Minnesota Statutes, Section 303.06. If the entity is a limited liability company, then true and accurate copies of the Articles of Organization and any Membership Agreements shall be attached to this application.

Attach to this application all information concerning all officers, directors, managers, proprietors, controlling stockholders, or other agents in charge of the business that is required of applicants (Section 11).

Amount of investment the applicant has in the business, land, building, premises, fixtures, furniture or stock-in-trade, and proof of the source of the money

List the name of the registered corporate agent and address of the registered office for service of process:

List of responsible persons, including the names of owners, managers and assistant managers, who may be notified or contacted by state or city employees in case of emergency. Must be residents of the state.

Attach a list of the names and addresses of any other governmental units that have issued a current license for a sexually oriented business or similar business to the Corporation.

List the names and addresses of any other governmental units that have ever denied or revoked a license for a sexually oriented business or similar business to the Corporation.

MINNESOTA TAX IDENTIFICATION NUMBER

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the 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 the Minnesota Tax Identification Number:

This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes;

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.

Minnesota Tax Identification Numbers (Sales & Use Tax Numbers) may be obtained from the State of Minnesota, Business Records Department, 10 River Park Plaza (651-296-6181).

Minnesota Tax Identification Number: _____

If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the above provided space.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED OR OMITTED WILL RESULT IN DENIAL OF THIS APPLICATION.

CHANGES IN THE INFORMATION PROVIDED ON THE APPLICATION OR PROVIDED DURING THE INVESTIGATION MUST BE BROUGHT TO THE ATTENTION OF THE CITY BY THE APPLICANT OR LICENSEE. IF SUCH A CHANGE TAKES PLACE DURING THE INVESTIGATION, IT MUST BE REPORTED TO THE CITY CLERK IN WRITING. A FAILURE BY AN APPLICANT OR LICENSEE TO REPORT SUCH A CHANGE MAY RESULT IN A DENIAL OR REVOCATION OF A LICENSE.

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature (Required for all applications)

Date

2007

Form SP:C1

**STATE OF MINNESOTA
LICENSE APPLICANT INFORMATION**

Under Minnesota law (M.S. 270.72), 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 of 1974, we must advise you that:

- 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 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 fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for and license number

City of Melrose

Licensing Authority (name of city, county, or state agency issuing license)

Annual

License renewal date

PERSONAL INFORMATION:

Applicant's last name First name and middle initial Social Security number

Applicant's address City State Zip Code

BUSINESS INFORMATION (if applicable):

Business name

Business address City State Zip Code

Minnesota tax identification number Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature Title Date

BACKGROUND CHECK

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Maiden) (Middle)

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

Telephone Number of Permanent Residence: _____

Date of Birth: _____ US Citizen ____ Yes ____ No

Place of Birth: _____

Provide the addresses where you have lived during the preceding ten (10) years.

FINANCIAL INFORMATION

Have you operated any other business in the past ten (10) years? ____ Yes ____ No
If yes, please list the name of the business(s) and address.

List the names and addresses of two (2) financial institutions where you have or are now conducting business.

REFERENCES

List names and addresses of three (3) persons, not related to you, who have known you for at least three (3) years.

Have you ever been convicted of a violation of a state law or local ordinance, other than a non-alcohol related traffic offense? ____ Yes ____ No

If yes, provide the following information regarding the offense(s).

Date of arrest: _____ Where: _____

Charge: _____

Conviction: _____ Sentence: _____

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

Name/Address

As an applicant for _____
I am required to furnish information which _____
may use in determining my moral, physical, mental and financial qualifications, as well
as my background and any possible criminal record. In this connection, I hereby
expressly authorize the release of any and all information which you may have
concerning me, including information of a confidential or privileged nature.

I hereby release the City of Melrose, and any organization or person furnishing
information to the City of Melrose, as authorized above, from any liability for damage
which may result from furnishing the information requested.

Date: _____

Applicant Signature

DBA

Printed Name

Address

Date of Birth

City of Melrose
225 East First Street North
PO Box 216
Melrose MN 56352-0216

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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. 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 and/or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above in the spaces provided or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name:

(NOT the insurance agent)

Policy Number:

Dates of Coverage: _____ to
(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 workers' compensation law (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name:

Doing Business As:

Business Address:

City, State, Zip: Melrose MN 56352

Phone: (320) 256-

Signature: _____

Date: _____