

CITY OF SILVER BAY
ADULT USE/ENTERTAINMENT APPLICATION

License Fee: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Date of Birth: _____

Business Premises: _____

Business Owner: _____

Business Address: _____

Business Phone: _____

Business Legal Description: _____

Operator Information-If more than one operator, attach additional sheet with information for each operator.

Operator Premises: _____

Operator: _____

Operator Address: _____

Operator Phone: _____

Operator Date of Birth: _____

Trade Name: _____

Type of Event: _____

Hours of Operation: _____

Provisions made to restrict access by minors: _____

Distance from Nearest:

Church: _____

Residential Zone: _____

School: _____

Public Sidewalk: _____

Public Park: _____

Please attach a building plan detailing floor plan and any public display information.

Has the applicant, owner or manager been convicted of a misdemeanor, gross misdemeanor or felony relating to sex or obscenity offenses? _____ Yes _____ No

If yes, please give details: _____

I hereby state that all information here is true and correct and that I shall comply with all provisions of the ordinances of the City of Silver Bay and laws of the State of Minnesota and their amendments.

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

Date Paid: _____

Amount: _____

Receipt #: _____

PROOF OF WORKERS' COMPENSATION
INSURANCE COVERAGE

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 in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 falsely reported, it may result in a \$1,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

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 or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(or)

I am not required to have Workers' Compensation Liability Coverage because:

I have no employees covered by the law.

Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

 Signature