<u>CITY OF SILVER BAY</u> <u>ADULT USE/ENTERTAINMENT APPLICATION</u>

License Fee:	
Applicant Name:	
Applicant Address:	
Applicant Phone:	
Business Premises:	
Business Address:	
Business Phone:	
Business Legal Description:	
Operator Information-If more than o	ne operator, attach additional sheet with information for each operator.
Operator Premises:	
Operator:	
Operator Address:	
Operator Phone:	
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 detai	iling floor plan and any public display information.
relating to sex or obscenity offenses	er been convicted of a misdemeanor, gross misdemeanor or felony? Yes No
If yes, please give details:	
	The re is true and correct and that I shall comply with all provisions of the and laws of the State of Minnesota and their amendments.
orumances of the City of Silver Bay	

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

Date Paid:	
Amount:	
Receipt #: _	

CITY OF SILVER BAY AUTHORIZATION FOR RELEASE OF INFORMATION

Due to the nature of the attached license application, the City of Silver Bay requires a background check prior to issuance of an Adult Use/Entertainment License.

Full Name:	
Address:	
Phone Number:	
Social Security Number:	Sex:
Date of Birth:	Place of Birth:

I, ______, Social Security Number ______, Authorize the City of Silver Bay to conduct a background check on me that may include access to criminal, credit, civil and traffic records. I authorize a full review and complete disclosure of all records of all agencies by and to any duly authorized agent of the City of Silver Bay whether the said reports are public or private and including those, which may be deemed to be of a privileged or confidential nature. I understand this information is as listed in the records, and by accessing information the City of Silver Bay is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

APPLICANT SIGNATURE			DATE	
STATE OF MINNESOTA COUNTY OF LAKE)) SS.)			
Sworn to and subscribed before m	e on this	day of	, 20	
NOTARY PUBLIC				

My Commission Expires:

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