

CITY OF SILVER BAY
CARNIVALS, SHOWS, OUTDOOR PUBLIC ENTERTAINMENT
LICENSE APPLICATION

License Fee: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Driver's License No./State Issued: _____

Date of Birth: _____

Alternate Contact Person: _____

Alternate Business Phone: _____

Trade Name or D.B.A.: _____

Business Address: _____

Business Phone Number: _____

Provide name, address and phone number of three business references:

Business 1:

Name: _____

Address: _____

Phone Number: _____

Business 2:

Name: _____

Address: _____

Phone Number: _____

Business 3:

Name: _____

Address: _____

Phone Number: _____

Provide the name, address and phone number of three financial references:

Reference 1:

Name: _____

Address: _____

Phone Number: _____

Reference 2:

Name: _____

Address: _____

Phone Number: _____

Reference 3:

Name: _____

Address: _____

Phone Number: _____

Name of property owner where public entertainment will be held: _____

Owner's Address: _____

Phone Number: _____

Type of Entertainment: _____
 Number of Entertainers: _____
 Instruments: _____
 Props and other equipment: _____

Entertainment Dates: _____ Times: _____
 Set up dates: _____ Times: _____
 Describe method of advertising: _____
 Describe type of security provided during entertainment: _____
 Describe provisions for sanitary services: _____
 Name and address of company providing such services: _____
 Contact person: _____
 Phone Number: _____

Items to be submitted with Application:

- _____ A. Letter addressed to the City Council from the property owner granting permission for use of the property for entertainment.
- _____ B. Diagram showing area size needed and the location where entertainment will be situated on (or in) the property. If entertainment indoors, also show all exits from the building in relation to entertainment set up.
- _____ C. Describe the type of entertainment, number of entertainers, number/type of instruments, props and other equipment.
- _____ D. Cash or corporate surety bond made out to the City of Silver Bay in the amount of \$____
 AND
 \$____ liability insurance policy with the City of Silver Bay as additional named insured and certificate holder.
- _____ E. Minnesota Tax/Workers Compensation form

Application must be received in the office of the City Administrator, 7 Davis Drive, Silver Bay, MN, 55614, at least 14 days before the beginning of the proposed entertainment. Questions should be directed to the City Administrator at (218) 226-4408.

 Applicant's Signature Date

OFFICE USE ONLY

Recommendation of Department Heads (Initial your approval. Give reason for denial on separate memo)

	<u>APPROVE</u>	<u>CONDITIONS?</u>	<u>DENY MEMO ATTACHED</u>
_____ Building Official	_____	_____	_____
_____ Chief of Police	_____	_____	_____
_____ Fire Marshal	_____	_____	_____

Return to City Clerk's office by: _____
 Council action: _____
 Conditions: _____
 Fee: _____ Received by: _____

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