



3301 Silver Lake Road
 St. Anthony Village, Minnesota 55418
 Office: (612) 782-3301
 Fax: (612) 782-3302
 www.ci.saint-anthony.mn.us

-For Office Use Only-	
Application Submittal Date	_____
Fee Paid	_____
(\$100 permanent structure/\$300 temp structure)	
Worker's Comp Certificate	_____
Permit Number	_____
Council Approval Date	_____

RETAIL FIREWORKS APPLICATION

Business Name: _____

Location of Sale of Fireworks: _____

Type of Business on premise for which the applicant is seeking a license: _____

Applicant's Name: _____

Applicant's Address: _____

Telephone Number: _____ Federal ID # _____ MN ID # _____

Is applicant a natural person, partnership or other business association or organization? Yes No

Attach a detailed site plan illustrating the location of and describing any all methods of sale, display, distribution and storage of Consumer Fireworks:

Date of Fireworks Sales _____ to _____ Hours: _____ to _____

Name of Person responsible for the license premise if the applicant is not the owner of the property:

Name: _____

Address: _____

Phone #: _____

I hereby apply for the following license (s) for the term of one year, beginning March 15th of the current year and ending March 15th of the following year, in the City of St. Anthony Village, Hennepin/Ramsey County, State of Minnesota.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulations as the Council of the City of St. Anthony Village may from time to time prescribe, including Minnesota §176.182. I have attached a copy of my Workers' Compensation Insurance Certificate.

Applicant's Signature

Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota §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 compliance with Minnesota § 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 is falsely reported, it may result in a \$1,000 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 following spaces, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation:

Insurance Company Name (not the name of the agent): _____

Policy Number of Self-Insurance Permit Number: _____

Effective Date: _____ Expiration Date: _____

(OR)

I am not required to have workers' compensation liability coverage because:

I have no employees covered by law.

Other (specify) _____

I have read and understand my rights and obligations with regards to business license, permits and workers' compensation coverage and I certify that the information provided is true and correct.

Signature of Owner, Partner or Officer

Date