



CITY OF ANOKA
2015 First Avenue, Anoka, MN 55303
Licensing: 763-576-2710

COURTESY BENCH LICENSE

Information included in this application is PUBLIC INFORMATION and will be provided to the public upon request

PLEASE FULLY COMPLETE THE APPLICATION AND PRINT LEGIBLY

Required Documentation: Applications cannot be accepted without the following attachments and payment.

- Copy of Current Photo I.D.
SP:C1 Tax Clearance Form
Worker's Compensation Form
If Applicable, Supplemental Details Sheet

CHOOSE APPROPRIATE TYPE OF YOUR APPLICATION

- New Applicant:
Renewal Applicant:

- Payment of Investigation Fee \$25.00
Payment of \$30.00 per bench
AS OF JANUARY 1, 2003 THERE IS A MAXIMUM OF BENCHES ALLOWED WITHIN THE CITY. NOT TO EXCEED THE AMOUNT LICENSED THE PREVIOUS YEAR. ALL BENCHES MUST BE LOCATED AT AN ESTABLISHED MTC BUS STOP

If you have a license that has lapsed or you are submitting your application past its due date, you must pay an additional \$25.00 or 10% of the total licensing fee (whichever is greater).

If your license has lapsed and is being submitted over thirty (30) days past its expiration date or due date, you must apply as a new license and pay all applicable fees related to a new license.

PERSONAL INFORMATION

Individual Submitting Application (Full First, Middle, Last Name)

Home Street Address City/State Zip

Home Phone (including area code) Cell Phone (including area code)

Date of Birth: Drivers License #
State of Issuance:

BUSINESS LOCATION INFORMATION

Business Name

Business Street Address

City/State

Zip

Business Phone (including area code)

Alternate Phone (including area code)

PLEASE ANSWER ALL QUESTIONS TRUTHFULLY AND TO THE BEST OF YOUR KNOWLEDGE

(attached additional sheets as necessary)

- 1. Have you ever been convicted of any misdemeanor or felony violation of local ordinances (with the exception of misdemeanor traffic violations)? Yes No

If yes, provide details of convictions (date of offense, date of conviction, location, charge):

- 2. Have you ever been denied a license to conduct a like or similar activity or had such license suspended, revoked, or canceled, in any City/State?

Yes No If yes, provide details: _____

- 4. List all names, nicknames and aliases by which you have been known:

- 5. List two (2) of your previous addresses, immediately prior to your present address:

Street Address City/State Zip

Street Address City/State Zip

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which was provided to me with my original application, and of which I may request additional copies of by contacting the office of the City Clerk.

Signature of applicant:

Date: _____ **Signature:** _____

(for office use only)
Date Received: _____ Received By: _____ Complete Incomplete

SUPPLEMENTAL DETAILS

LICENSE TYPE: COURTESY BENCH LICENSE

Additional Documentation: Applications cannot be accepted without the following:

LICENSE TYPE:

License Limits:

Placement of Courtesy Benches

As of January 1, 2003, there is a limit of a maximum of benches allow. No more benches may be added that exceed the amount licensed in the previous year. All benches must be located at scheduled bus stops.

Additional Documentation: Applications cannot be accepted without the following:

- **Required documentation as listed in application.**
- **Copy of Certificate of Insurance.**
- **Written approval from the appropriate jurisdiction for benches to be placed on County or State Highways/Roadways.**
- **Map with detailed description of location of benches.**
- **Map must be detailed and show specific location of benches with setbacks, dimensions, directions, streets, etc., and bench materials.**



REAL. CLASSIC.

CERTIFICATE OF COMPLIANCE MINNESOTA WORKER'S COMPENSATION LAW

PRINT LEGIBLY IN INK OR TYPE

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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required worker's compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

ALL APPLICANTS: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by worker's compensation law.
(see Minnesota Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: *A valid worker's compensation policy must be kept in effect at all times by employers as required by law*

Business Name (Individual name only if no company name is used):

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED - ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is cancelled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.



SP:CI TAX CLEARANCE FORM
(This form may contain private data – do not release to public)

PRINT LEGIBLY IN INK OR TYPE

Pursuant to Minnesota Statute, Section 270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business Tax Identification Number and/or 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 this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. 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 Services.
3. Failure to supply this information may jeopardize or delay the processing of your license, its' issuance or renewal.

Please supply the information and return this form along with your application to the agency issuing your license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: CITY OF ANOKA, MINNESOTA

Signature: _____

Printed Name: _____

Date: _____

PERSONAL INFORMATION: *Complete this section only if you are applying as an individual and/or do not hold a Minnesota Tax Identification # or Federal Tax Identification #.*

Applicant Name: _____

Applicant Address: _____

Social Security Number: _____

BUSINESS INFORMATION: *Complete this section only if you are applying as a business.*

Business Name: _____

Db: _____

Minnesota Tax Identification #: _____

Federal Tax Identification #: _____

For businesses: If a Minnesota Tax Identification # is not required, you must submit a written explanation.



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270C.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license/registration if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license/registration cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____