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

COURTESY BENCHES

Information included in this application is classified as 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 identification providing current address and date of birth.
- Workers Compensation Form
- SP:C1 Tax Clearance Form
- If applicable, Supplemental Details Sheet

(choose appropriate type of your application below)

☐ New Applicant, you must also include the following:
- Payment of Investigation Fee $25.00
- Payment of $30.00 per bench

☐ Renewal Applicant, you must also include the following:
- Payment of $30.00 per bench
- If you have a license that has lapsed or you are submitting your application past it's due date, you must pay an additional $25.00 or 10% of the total licensing fee (whichever is greater)
- If your license has lapsed or has been submitted over 30 days past it's expiration date or due date, you must apply as a new license and pay all applicable fees.

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: _____

(COMPLETE BOTH SIDES OF THIS FORM)

BUSINESS INFORMATION

Business Name

Business Street Address **City/State** **Zip**

Business Mailing Address (if different from above) **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: **Placement of Courtesy Benches**

License Limits: ***As of January 1, 2003, there is a limit of a maximum of 44 benches. 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.**

City of ANOKA

CITY HALL • 2015 FIRST AVE. NO. • ANOKA, MINNESOTA 55303-2270

Phone (763) 576-2700 • TTY (763) 422-0442 • www.ci.anoka.mn.us

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
FOR CITY OF ANOKA BACKGROUND CHECK
PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE.

License you are applying for: _____

Full Name: _____
First Middle Last

Home Address: _____
House # Street City State & Zip

Home Phone Number: _____
Include Area Code

If applicable, complete the following:

Business Name _____

Business Address: _____
Building # Street City State & Zip

Business Phone Number: _____
Include Area Code

Date of Birth: _____

Drivers License Number (copy of DL attached): _____

DL/State of Issuance: _____

I understand that the above-mentioned information about me may be protected under state and /or federal privacy laws or City policy and may not be disclosed without my prior written consent unless otherwise required by law.

I hereby release the City of Anoka from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

_____
Signature of Individual Authorizing Release Date

PRIVATE DATA – DO NOT RELEASE TO PUBLIC

Form SP:C1
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 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 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 Service.

3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

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

Licensing Authority: City of Anoka
License Year Applying for: _____

PERSONAL INFORMATION:

Applicant name: _____
Applicant address: _____
Social Security No: _____

BUSINESS INFORMATION:

Business name: _____
Business address: _____

Minnesota Tax Identification No.: _____
Federal Tax Identification No.: _____
If a Minnesota Tax Identification Number is not required, <u>you must explain</u> on the reverse side.

_____ DATE

_____ APPLICANT'S SIGNATURE AND TITLE (if any)

-CERTIFICATE OF COMPLIANCE-
MINNESOTA WORKERS' COMPENSATION LAW

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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181 Subdivision 2. The information required is: the name of the insurance company, the policy number, the 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 Section 176.181, Subdivision 2.

This information is required by law. Licenses and permits to operate a business or engage in an activity 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 $2,000 penalty assessed against the applicant by the Commissioner or 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: _____ to _____

********** (OR) **********

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

(___) I have no employees.
(___) I am self-insured (you must include the permit to self-insure)
(___) I have no employees who are covered by the workers' compensation law
(these include: Spouse, Parents, Children, and certain farm employees)
(___) Other (must specify): _____

APPLICANTS MUST COMPLETE AND SIGN BELOW:

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARD TO BUSINESS LICENSES, PERMITS AND WORKER'S COMPENSATION COVERAGE. I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND COMPLETE AND T HAT A VALID WORKERS' COMPENSATION POLICY WILL BE KEPT IN EFFECT AT ALL TIMES AS REQUIRED BY LAW.

Name: _____
Last Name First Name Middle Name

Doing Business As: _____
(If applicable) (Business Name if different than your name)

Business/Home Address: _____
Business/Home Phone: _____

Signature: _____ Date: _____

CHAPTER 22. LICENSING; BUSINESSES & SERVICES

ARTICLE I. Courtesy Benches

Section 22-1. License Required.

No person shall place a courtesy bench bearing advertisements upon a public sidewalk without an annual license issued by the City Clerk. Such a license shall be issued upon a showing that the placement of the courtesy bench will not endanger public safety. A fee in the amount established by the Council shall be paid to the City prior to the issuance of the license.

Sections 22-2 thru 22-30. Reserved.