



Special Event License Application

License Fee: \$50.00 per day

For Office Use Only	
License #	_____
Amount Paid \$	_____
Council Approval:	_____

Business Name:	Business Phone:	
Address:	City, State, Zip	
Please Check: _____ Corporation _____ Partnership _____ Individual _____ Other		
Owner of Business or Individual Applying for License:	Phone:	
Address:	City, State, Zip	
Social Security #: <i>(Required by MN Statutes 270C.72)</i>	Drivers License #:	State of Issuance:
Minnesota Business Tax ID#:	Federal Business Tax ID#	
<i>Business Manager if different from Applicant:</i>		
Manager's Name:	Home Address:	
Phone:	Date of Birth:	
Driver's License Number:	State of Issuance:	
Date(s) of Activity		
Location:	Name or Type of Activity:	
Time(s) of Activity	Does your event require the closure of a public roadway? Yes ___ No ___ <i>If yes, please obtain a road closure permit from the Engineering Department.</i>	
<p>SPECIAL EVENT SECURITY PLAN—<i>Must be completed prior to submittal of application to the City Clerk.</i></p> <p>A written narrative of the security plan and/or map of the layout for the event has been reviewed by South St. Paul Police Department.</p> <p>Security Plan Approved by SSPPD ___ Yes ___ No</p> <p>Signature of SSP Police Chief or Designee: _____ Date: _____</p>		

PLEASE COMPLETE BACK SIDE OF APPLICATION

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 Minnesota Statutes, Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor Industry.

Insurance Company Name (not the agent)	Policy Number:
Dates of Coverage: _____ to _____	
OR	
REASON FOR EXEMPTION FROM WORKERS’ COMPENSATION	
<i>If you have questions regarding the need to obtain workers’ compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.</i>	
I am not required to have workers’ compensation liability coverage below: <input type="checkbox"/> I have no employees. (See Minn. Statutes 176.011, subd. 9 for the definition of an employee) <input type="checkbox"/> I am self-insured for workers’ compensation (attached a copy of the authorization to self- insure from the Minnesota Department of Commerce). <input type="checkbox"/> I have no employees but they are not covered by the workers’ compensation law (See Minn. Statutes 176.041 for a list of excluded employees.)	
<i>I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.</i>	

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application . I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Business License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

Date of Application:

(x) Signature of Applicant
