



CITY OF ANOKA
2015 First Avenue, Anoka, MN 55303
Licensing: 763-576-2700

ENTERTAINMENT DEVICE 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 w/Copy of Insurance
Supplemental Details Sheet, see requirements

CHOOSE APPROPRIATE TYPE OF YOUR APPLICATION

- New Applicant:
Renewal Applicant:

- Payment of Investigation Fee \$30.00
Payment of \$30.00 new license &/or new machine/per machine
Payment of \$75.00 Annual Fee (1 to 5 machines)
Payment of \$15.00 Annual Fee (for each machine, over five)
Payment of \$30.00 new license &/or new machine/per machine
Payment of \$75.00 Annual Fee (1 to 5 machines)
Payment of \$15.00 Annual Fee (for each machine, over five)
(Due December 1st each year)

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 on the due date, you must apply for 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 (except for misdemeanor traffic violations)? Yes No

If yes, provide details of convictions (date of offense, date of conviction, location, and 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: _____

3. List all names, nicknames and aliases by which you have been known as:

4. 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 investigate, 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: ENTERTAINMENT DEVICE LICENSE

Additional Documentation: Applications cannot be accepted without the following:

- There is a limit of 8 devices as a secondary use. There is a limit of 10 devices in an arcade (which requires a separate license).
- Vendor Information, providing company name, full address and phone number.

Vendor (Company Name)

Address

City/State

Zip

Address

City/State

Zip

Phone (including area code)

YES

NO

I am renewing my license with the same amount of entertainment devices that I licensed in the previous year. That amount is _____.

If no, how many additional devices are you requesting be licensed ____.

YES

NO

I am the owner of the property premises for which this license will be granted.

If no, you must provide the name, address and phone number of the property owner.

YES

NO

I am NOT the property owner of the premises for which this license will be granted; however, I am authorized by lease or other means to conduct business on these premises.

YES

NO

I am the sole owner of the business for which this license will be granted.

If jointly owned or partnership, you must provide the full name, address and home phone number of all joint owners and/or partners on a separate sheet of paper.



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 always kept in effect 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 Service.
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 Minnesota Tax Identification # is not required, you must submit a written explanation.



**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 consequence of supplying the requested information is as follows: *Loss or denial of the requested license 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 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: _____ DOB: _____

ARTICLE III. ENTERTAINMENT DEVICES

Sec. 10-58. Definitions.

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Entertainment device means and includes foosball, air hockey, or pigeon hole tables, pinball machines, shooting gallery machines, any electric or electronic device or game patterned after table tennis, hockey, and similar games, including electric rifle or gun ranges, and any other mechanical or electrical device which is designed to be played by contestants and upon which the contestants receive a score or rating based upon their performance.

(Prior Code, § 14-131)

Sec. 10-59. License required; exception.

No person shall maintain, keep or sell, within the city, an entertainment device without a license therefor from the city. This section shall not apply to electronic devices held or kept in storage or for sale, and which are not actually in use or displayed for use, or to electronic devices located in a private dwelling and used exclusively for private entertainment.

(Prior Code, § 14-151)

Sec. 10-60. Entertainment devices; license approval; annual license fee; location fee.

Licenses for entertainment devices shall be issued for an annual period from January 1 through December 31 for each year; provided, however, that the initial license fee for each applicant shall be prorated as of the date of the application. The application for a license shall be submitted for approval to the city clerk, and, if approved, the city shall thereafter issue the license upon payment of appropriate fees. The applicable fees shall be annual fees for each business location regardless of the number of machines and annual fees for each machine in the amount established by the city council.

(Prior Code, § 14-152)

State law reference(s)—Limitation on license fee on amusement machines, M.S.A. § 449.15.

Sec. 10-61. Contents; display.

Each license shall at all times be conspicuously displayed where such entertainment devices are operated.

(Prior Code, § 14-153)

Sec. 10-62. Conditions for licensure.

Issuance and retention of licenses shall be subject to each of the following conditions:

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- (1) All entertainment devices shall be located within the confines of the licensee's primary business premises but shall not be located in entryways, hallways, or in areas which are not directly supervised by the licensee, nor shall they be located in any area separated from the licensee's principal business activity;
 - (2) The licensee shall be responsible for maintaining order on all parts of the premises;
 - (3) No wagering or betting for consideration or any other gambling shall be permitted on the premises;
 - (4) All entertainment devices shall be located and their use shall be supervised in such a manner that personal injury or property damage is not likely to result from the location or use of the devices;
 - (5) All entertainment devices shall be located and their use supervised such that the location and use of the devices do not annoy or disrupt persons in the neighborhood or patrons of other businesses located in the area;
 - (6) No more than eight amusement devices shall be allowed on any one business premises.

(Prior Code, § 14-154)

Sec. 10-63. Revocation.

The license provided in this article may be revoked by the city council for any violation of any provision of this article, but only after reasonable notice and an opportunity to be heard.

(Prior Code, § 14-155)

Secs. 10-64—10-84. Reserved.