



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



**PARADE LICENSE**  
*(Approved by the Police Chief, Council approval is not necessary)*

**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.**

- Workers Compensation Form (w/ copy of insurance)
- SP:C1 Tax Clearance Form
- Copies of all maps & parade routes
- NO FEE is charged for a parade license for Halloween Parades

**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/ORGANIZATION INFORMATION**

Business/Organization 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) \_\_\_\_\_

**AUTHORIZED OFFICIALS OF ORGANIZATION**

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PARADE INFORMATION:**

Date of Parade: \_\_\_\_\_ Name of Parade: \_\_\_\_\_

Time of Assembly: \_\_\_\_\_ Location of Assembly: \_\_\_\_\_

Time Parade Begins: \_\_\_\_\_ Starting Point: \_\_\_\_\_

Time Parade Ends: \_\_\_\_\_ Ending Point: \_\_\_\_\_

Maximum Length of Parade: \_\_\_\_\_

Route of Travel: \_\_\_\_\_

\_\_\_\_\_

Portion of Streets Requested for Use: \_\_\_\_\_

\_\_\_\_\_

Units in Parade: \_\_\_\_\_ Distance Between Parade Units: \_\_\_\_\_

Persons in Parade: \_\_\_\_\_ (approximate) Vehicles in Parade: \_\_\_\_\_

Animals in Parade: Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

**IT SHALL BE THE DUTY OF PARADE CHAIRPERSON TO SEE THAT:**

1. **No person without a valid driver's license will drive any motorized vehicle in the parade.**
2. **No one will be allowed to march in or participate in the parade while under the influence of alcohol.**

(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:** \_\_\_\_\_

\_\_\_\_\_



**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: \_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_