

<input type="checkbox"/> Amusement Devices, Annual/Temporary <input type="checkbox"/> Commercial Laundry <input type="checkbox"/> Seasonal Sales <input type="checkbox"/> Food <input type="checkbox"/> Tanning Facilities <input type="checkbox"/> Gasoline Service Station <input type="checkbox"/> Vending Machines <input type="checkbox"/> Other _____	<b>Application Number: LCB20</b> _____ <input type="checkbox"/> New <input type="checkbox"/> Renewal
Name of Business (DBA) _____	
Business Address _____ Bloomington, MN 554_____	

<b>APPLICANT</b>	<b>Individual</b>	Name _____ Phone (____) ____ - ____ Address _____ City _____ State ____ Zip _____ E-mail Address _____
	<b>Business</b>	Business Name _____ Phone (____) ____ - ____ <input type="checkbox"/> Address same as above Address _____ City _____ State ____ Zip _____ E-mail Address _____ <i>If business is to be conducted under a designation, name or style other than the name of the applicant, attach a certified copy of the Certificate of Assumed Name as required by Minnesota Statute, Section 333.02.</i>
	<b>Identification</b>	Minnesota Business Tax ID Number _____ or, Federal Business Tax ID Number _____ or, Applicant Social Security Number _____

**REQUIRED per  
Minnesota Statute 270C.72**

Proof of Workers' Compensation Insurance Coverage:

Insurance company name \_\_\_\_\_ Dates of coverage \_\_\_\_\_

Policy number/Self-insurance permit number (Per *Minnesota Statute Section 176.182*)

Or,

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

I have no employees covered by the law       Other

(Office Use Only)

Date Application received _____	Payment entered _____
Copy to EH/Fire _____	Date Mailed _____

**Continue to page 2**

<b>Amusement Devices</b>	Annual: Primary Business at this location _____ Number of amusement devices _____ Location of machines on premises _____ Temporary Event: Dates _____ Times _____ Location: _____ <b>Attach</b> a floor plan showing dimensions and indicating placement of amusement devices.
<b>Gasoline</b>	Are the gas pumps open 24 hours per day? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the station staffed during times gasoline is sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state the hours when an attendant is NOT available: From _____ To _____
<b>Food</b>	<input type="checkbox"/> New Restaurant Construction <input type="checkbox"/> Existing Restaurant <input type="checkbox"/> Pre-Packaged Foods only If purchasing an existing restaurant, was the restaurant closed in between ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No Pets allowed on patio <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Laundry</b>	Number of machines _____
<b>Seasonal Sales</b>	Site Manager _____ Phone (____) ____ - ____ Dates _____ Times _____ Type of products being sold _____ <b>Attach</b> a site plan showing location of sale, traffic plan and parking.
<b>Tanning</b>	What is the primary function of the business in which the tanning facility is located? _____ <b>Attach</b> a to-scale facilities plan for a new or remodeled tanning facility.
<b>Vending Machines</b>	Number of machines _____ Where are the machines located at this address (lunchroom, lobby, room #, floor #) _____ Location where supplies for the machines are stored. _____ No food storage is allowed in residential homes. Pop and water vending does not require a license.
<p>The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.</p> <p>The Bloomington City Code, Licenses and Permits, Chapter 14, is available online at Bloomingtonmn.gov. It is important to become familiar with the City Code for your license.</p> <p>I HEREBY AUTHORIZE THAT: The City of Bloomington can investigate and make necessary to verify the information provided.</p> <p><b>Applicant Signature:</b> _____ Date Signed ____/____/_____</p>	