

**PET SHOPS/COMMERCIAL KENNEL
LICENSE APPLICATION
CITY OF COLUMBIA HEIGHTS**

FEE: _____

 Date Received

 Receipt #

 License Number

CITY OF COLUMBIA HEIGHTS
 590 40TH AVENUE NE, COLUMBIA HEIGHTS, MN 55421
 PHONE (763) 706-3678

TYPE OF LICENSE:

___ PET SHOP \$50.00
 ___ COMMERCIAL KENNEL \$50.00 PLUS \$10/ CAGE

- In conjunction with this application the following documents must be submitted:
 1. Certificate of Compliance per the Minnesota Workers Compensation Law (Attached)
 2. Certificate of Insurance

**BUSINESS
INFORMATION**

COMPANY NAME: _____
 ADDRESS: _____ CITY _____
 STATE _____ ZIP _____ PHONE # _____
 FED TAX ID #: _____ MN TAX ID#: _____
 THE OWNERSHIP IS AN: ___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION
 IF OWNERSHIP IS A PARTNERSHIP OR CORPORATION, LIST FULL NAMES, HOME & BUSINESS
 ADDRESS, PHONE NUMBERS OF ALL INDIVIDUALS.

APPLICANT

NAME _____
 _____ (FIRST) _____ (MIDDLE) _____ (LAST)
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE #: _____
 BIRTHDATE: _____ SOCIAL SECURITY _____
 DRIVERS LICENSE # _____
 HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

As applicant, it is my understanding that falsification of any item on this application is sufficient reason upon which to base a denial of said license. Such license shall be valid for the calendar year in which issued and must be renewed at the commencement of each subsequent calendar year.

APPLICANTS NAME AND TITLE (PLEASE PRINT): _____

APPLICANTS SIGNATURE: _____ DATE: _____

NOTICE

The data requested of you will be used in considering your application for said license and will be disseminated to the public. You are not legally required to allow the City of Columbia Heights to obtain the data, however, failure to supply said data may result in disapproval of your application. Further, the City of Columbia Heights may receive from other governmental agencies, including but not limited to the Bureau of Criminal Apprehension, Minnesota Department of Public Safety, data relating to the consideration of your application. Said data may be classified pursuant to Minnesota Statute #15.162 et. seq. as private and therefore, cannot be released to the public without your written consent.

WAIVER

I have read the above and understand that any data concerning my application, which is classified as private pursuant to Minnesota Statute #15.162, et. seq. may not be released to the public without my permission. I also understand that said data must be considered by the Columbia Heights City Council at a public meeting in considering my license application and, accordingly, will be publicly disseminated. Therefore, I hereby authorize the release of all of said data by the Columbia Heights City Council or agents or employees thereof at any City Council meeting at which my license application is considered. Said information shall not be released if I withdraw my license application by personally serving written notice of said withdrawal upon the Columbia Heights City Manager prior to said Council meeting.

DATE _____ SIGNATURE _____

Witness Signature: _____

**CERTIFICATION 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 requirements of MSS 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 license 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Co Name _____
NOT the Insurance Agent

Policy Number _____

Date of Coverage _____ to _____

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

I have no employees

I have no employees who are covered by the workers compensation law (these include Spouse, Parents, Children, and certain farm employees).

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.

Name _____

Doing Business as _____
Business name if different than your name

Business Address _____

City, State, Zip _____ Phone _____

Signature _____ Date _____