

POOL/BILLIARD HALL LICENSE APPLICATION CITY OF COLUMBIA HEIGHTS

FEE: \$ 100.00

Inv. Fee \$100.00

Date Received

Receipt #

License #

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

In conjunction with this application the following documents must be submitted:

1. Certificate of Compliance per the Minnesota Workers Compensation Law
2. Waiver

**BUSINESS
INFORMATION**

COMPANY NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

FED TAX ID#: _____ MN TAX ID#: _____

APPLICANT

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____

PHONE #: _____ BIRTHDATE AND LOCATION: _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

TYPE OF APPLICANT:

____ **INDIVIDUAL**

____ **PARTNERSHIP:** (PLEASE ATTACH A LIST OF PARTNERS, INCLUDING FULL NAMES, ADDRESSES, TELEPHONE NUMBERS, DATE OF BIRTH, DRIVERS LICENSE NUMBER OF EACH PARTNER, A COPY OF PARTNERSHIP AGREEMENT, COPY OF CERTIFICATE OF TRADE NAME UNDER PROVISIONS OF CHAPTER 333, MN STATUTES CERTIFIED BY THE CLERK OF DISTRICT COURT, AND A COPY OF THE LEASE. THE INTEREST OF EACH PARTNER IN THE BUSINESS SHALL BE DISCLOSED.

____ **CORPORATION:** (PLEASE ATTACH LIST OF OFFICERS OF CORPORATION INCLUDING FULL LEGAL NAMES, HOME ADDRESSES, TELEPHONE NUMBERS, DATES OF BIRTH, DRIVERS LICENSE NUMBERS OF EACH PERSON, COPY OF CERTIFICATE OF INCORPORATION, COPY OF ARTICLES OF INCORPORATION, COPY OF BY-LAWS AND LEASE AGREEMENT). FOREIGN CORPORATIONS SHALL ATTACH A CERTIFICATE OF AUTHORITY AS DESCRIBED IN M.S.A. CHAPTER 303.

CORPORATION NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

____ **ASSOCIATION:** (PLEASE ATTACH LIST OF OFFICERS OF ASSOCIATION INCLUDING FULL LEGAL NAME, HOME ADDRESS, TELEPHONE NUMBERS, DATES OF BIRTH, DRIVERS LICENSE NUMBER OF EACH INDIVIDUAL MEMBER, COPY OF ASSOCIATION AGREEMENT, COPY OF BY-LAWS AND LEASE AGREEMENT). FOREIGN CORPORATIONS SHALL ATTACH A CERTIFICATE OF AUTHORITY, AS DESCRIBED IN M.S.A. CHAPTER 303.

ASSOCIATION NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1. MANAGER OR OPERATING OFFICER:

NAME: _____

(FIRST)

(MIDDLE)

(LAST)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVERS LICENSE #: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____

*ATTACH LIST OF ALL ASSISTANT MANAGERS OR ANY OTHER INDIVIDUAL WITH MANAGEMENT RESPONSIBILITIES OF THE LICENSE PREMISES SHOWING FULL LEGAL NAME, HOME ADDRESS, HOME PHONE NUMBER, DRIVERS LICENSE NUMBER, DATE OF BIRTH, HEIGHT, WEIGHT, HAIR AND EYE COLOR.

2. WILL THE ESTABLISHMENT SERVE LIQUOR OR BEER ON THE PREMISES? ____ YES ____ NO

3. ARE THE PREMISES LOCATED WITHIN 300 FEET OF ANY CHURCH? (THIS DISTANCE IS AS MEASURED IN A STRAIGHT LINE FROM THE NEAREST POINT OF THE BUILDING IN WHICH THE LICENSED BUSINESS IS TO BE LOCATED TO THE NEAREST POINT OF A CHURCH BUILDING.) ____ YES ____ NO WITHIN 200 FT AS MEASURED ABOVE? ____ YES ____ NO

4. ARE THE PREMISES LOCATED WITHIN 300 FT OF ANY PUBLIC SCHOOL? (DISTANCE IS MEASURED IN A STRAIGHT LINE FROM THE NEAREST POINT OF THE BUILDING IN WHICH THE LICENSED BUSINESS IS TO BE LOCATED TO THE NEAREST POINT OF A SCHOOL BLDG.) ____ YES ____ NO WITHIN 200 FT? ____ YES ____ NO

5. STATE FULL NAMES, RESIDENCES, BUSINESS ADDRESSES AND TELEPHONE NUMBERS OF THE OWNER OR OWNERS OF THE BUILDING WHEREIN THE LICENSED BUSINESS WILL BE LOCATED, IF THE OWNER IS OTHER THAN THE APPLICANT. (IF ADDITIONAL ROOM IS NEEDED, PLEASE ATTACH.)

NAME _____ PHONE # _____

(FIRST)

(MIDDLE)

(LAST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

6. WILL THE LICENSEE OR OPERATOR OF THE POOL/BILLARD HALL OR POOL TABLES HAVE OPERATIONAL CONTROL OVER BOTH BUSINESS ACTIVITIES: ____ YES ____ NO IF NO, PLEASE EXPLAIN: _____

7. WILL THE OPERATION OF THE POOL TABLES OR GAME MACHINES BE INCIDENTAL OF SAID OTHER LICENSED BUSINESS OR WOULD IT BE AN INDEPENDENT BUSINESS SHARING THE SAME PREMISES?

8. STATE THE NATURE OF OTHER LICENSED OR PROPOSED BUSINESS OR COMMERCIAL ACTIVITY ON THE PREMISES:

9. LIST NUMBER AND TYPE OF POOL TABLES, IF THEY ARE COIN OPERATED, OTHER TYPES OF GAMES OF SKILL LOCATED ON THE PREMISES AND IF THEY ARE COIN OPERATED (I.E., SNOOKER, BUMPER POOL, TABLE TENNIS, VIDEO OR ARCADE GAMES, OTHER MISC. GAME MACHINES.) _____

10. HAS THE APPLICANT EVER BEEN CONVICTED FOR VIOLATION OF ANY LAW RELATING TO GAMBLING ACTIVITIES? ____ YES ____ NO IF YES, PLEASE EXPLAIN INCLUDING DATE(S) OR INCIDENT(S). _____

11. HAS THE APPLICANT EVER BEEN CONVICTED OF ANY MISDEMEANOR, FELONY, CRIME OR VIOLATION OF ANY ORDINANCE, OTHER THAN TRAFFIC? ____ YES ____ NO IF YES, PLEASE EXPLAIN INCLUDING DATE(S) OF INCIDENT(S): _____

12. WILL FOOD AND/OR NON-ALCOHOLIC BEVERAGES BE SERVED ON SITE? ____ YES ____ NO

13. LIST ALL LOCAL GOVERNMENT JURISDICTIONS AND LICENSE LOCATIONS WHERE ANY OFFICER, PARTNER(S), ASSOCIATES OR GENERAL MANAGER MAY HAVE HELD A LICENSE OR BEEN EMPLOYED BY ANOTHER LICENSE HOLDER: _____

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 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 _____