



**CITY OF RAMSEY – 2019**  
**APPLICATION FOR TEMPORARY AMUSEMENT CENTER (CARNIVAL/CIRCUS) LICENSE**

License application must be submitted a minimum of 30 days prior to date needed. Business licenses are issued upon approval by City Council. The following documents must be Included with this application: (1) certificate of insurance for public liability and workers' compensation, (2) a site plan/layout of proposed amusement center and (3) a notarized letter by the property owner acknowledging and accepting the temporary use on the property. Refer to City Code [Chapter 26 Article IV](#) for ordinance details. Incomplete applications will not be accepted.

Please fill out all forms **COMPLETELY**. These forms are required for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required per Minnesota Statute Sections 270.72 and 176.182. Incomplete applications will not be accepted.

**Return this completed application along with \$250.00 non-refundable license fee to:**  
**City of Ramsey / Attn: Business Licenses**  
**7550 Sunwood Drive NW**  
**Ramsey, MN 55303**

*Make check or money order payable to the "City of Ramsey"*

- 1) FULL Name of Business: \_\_\_\_\_
- 2) Manager or Proprietor's FULL Name: \_\_\_\_\_  
Last First Middle Name
- 3) Manager's or Proprietor's Date of Birth: \_\_\_\_\_
- 4) Business Address: \_\_\_\_\_  
Street, Box, Route City State ZIP
- 5) Business Phone Number(s): \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_
- 6) Exact legal description of the premises to be licensed: \_\_\_\_\_  
\_\_\_\_\_
- 7) Owner of the premises: \_\_\_\_\_  
Last Name First Name Middle Name
- 8) Address of Owner of premises: \_\_\_\_\_  
Street, Box, Route City State ZIP
- 9) Owner's Phone Number(s): \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_
- 10) Applicant's FULL Name: \_\_\_\_\_  
Last Name First Name Middle Name
- 11) Applicant's Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_
- 12) Applicant's Date of Birth: \_\_\_\_\_
- 13) Applicant's Place of Birth: \_\_\_\_\_
- 14) Applicant's Address: \_\_\_\_\_  
Street, Box, Route City State ZIP

15) Applicant's Phone Numbers: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

16) Applicant's Position With Company: \_\_\_\_\_

17) Are you the sole owner of the business? Yes: \_\_\_\_\_ No: \_\_\_\_\_

18) If partnership, state names and addresses of all partners. Include a copy of the Partnership Agreement.

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19) If corporation, state names and addresses of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing:

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No other persons than those named in this application have any interest in the management and control of such business.

20) List below any felonies or gross misdemeanors or any crimes of theft or issuance of a worthless check of which you were convicted of within the ten (10) most recent years and the nature of the crime or crimes of which you were convicted: \_\_\_\_\_

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21) Have you taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? \_\_\_\_\_. If yes, explain: \_\_\_\_\_

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22) List below **FULL** names, dates of birth, and driver's license numbers and State of Issue of all employees other than the above applicant who will be working at the carnival/circus (Attach additional pages if needed):

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23) Period of time in which activities will be conducted: \_\_\_\_\_

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24) Parking Provisions for employees and visitors: \_\_\_\_\_

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25) List below as to whether, within the preceding five(5) years, the applicant, and/or owner of the business has been convicted of any crime relating to theft, damage or trespass to property, sale of a controlled substance, or the operation of business; the nature of any such offense and the penalty assessed:

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Findings by Ramsey Fire Department

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Findings by Ramsey Public Works/Engineering Department

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I certify that I understand and will comply with all the findings listed above:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date

Form SP:CI  
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: Temporary Amusement Center

Licensing Authority: City of Ramsey  
(Name of City, County, or State Agency issuing License)

**PERSONAL INFORMATION (if applicable):**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

**BUSINESS INFORMATION (if applicable):**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

\_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date



**CITY OF RAMSEY**

**TENNESSEN WARNING**

In connection with your request for a license, the City of Ramsey has asked that you provide 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 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name