

General Application For License

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Section C

Description of Business (be specific):

If business involves mechanical amusement devices or vending machines see Section E. **All applicants must complete Sections F and G and sign the application on page 3.**

Section D

If Licensee is a partnership or a corporation, list the name, title, home address, and home telephone number of each partner, officer, and director.

Name:	Title:		
Address:	City:	State:	ZIP:
Home Phone Number:	Business Phone Number:		

Driver's License Number (Liquor License, Massage License Applicants only):

Name:	Title:		
Address:	City:	State:	ZIP:
Home Phone Number:	Business Phone Number:		

Driver's License Number (Liquor License, Massage License Applicants only):

Use additional sheets of paper if necessary.

Section E

For Mechanical Amusement Devices or Vending Machines

Type of devices or machines to be operated (describe):

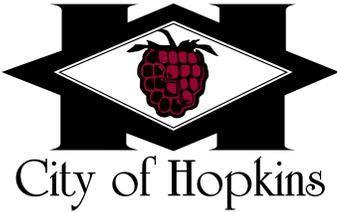
Location of premise where the devices or machines will be operated:

Name and address of the owner of the devices or machines:

For Liquor License Applications Only

Approved Police Department:	Signature:
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Comments:



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Section F

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 requirement 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 licenses 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
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Dates of Coverage:	to
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OR

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

- I have no employees
- I am self insured (include permit to self-insure)
- 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.

Section G

Tax Identification Information

Pursuant to Minnesota Statute 270.02, Subd. 4, the City of Hopkins is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number 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:

- 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;
- Upon receiving this information, the City of Hopkins 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
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If a Minnesota Tax ID number is not required, please explain:	Social Security Number:
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Tennessee Warning

As an applicant for a license from the City of Hopkins, I have voluntarily supplied data about myself which private in nature, i.e. social security number. I understand that, as part of the licensing process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may result in my license being denied.

I, therefore, release the City of Hopkins and any of its agents or employees, from any and all liability or claims for any injury or damage, which I may experience as a direct or indirect result of the intended use of this information. I authorize investigation of all statements contained in this application. I understand that the misrepresentation, or the omission of facts called for, will be just cause for denying me a license.

Signature:	Date of Birth:	Date:
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