

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773
Phone: 507-437-9940

www.ci.austin.mn.us

Adult Business License

NEW LICENSE REQUIREMENTS

- City of Austin Application for Adult Use Business
- \$100 investigation fee
- \$150 annual fee. May be pro-rated.
- Certificate of Workers' Compensation + Certificate of Minnesota Tax Clearance

City of Austin, Minnesota
Application for License
for Adult-Use Business
as per City Code Chapter 15

Check the type of adult use as listed in the City Code Chapter 15, Section 15.02. Refer to Chapter 15 of the City Code for requirements in making this application. Chapter 15 attached.

1. Section 15.02 Definitions

- | | |
|--|---|
| <input type="checkbox"/> Adult Book and/or Media Store | <input type="checkbox"/> Adult Modeling Studio |
| <input type="checkbox"/> Adult Cabaret | <input type="checkbox"/> Adult Motion Picture Arcade |
| <input type="checkbox"/> Adult Establishment | <input type="checkbox"/> Adult Motion Picture Theater |
| <input type="checkbox"/> Adult Hotel or Motel | <input type="checkbox"/> Adult Novelty Business |
| <input type="checkbox"/> Adult Mini-Motion Picture Theater | |

2. List name, address (work and home) of the applicant for the adult-use business license.

Name _____ Street Address _____
City _____, State ____ Zip _____ Home phone _____
Work phone _____ Cell phone _____ Fax _____

3. Legal description of the premises where the above indicated adult use facility is located.
15.07, Subd. 2(c):

4. Street address. 15.07, Subd 2(c): _____

5. Attach a detailed site plan and floor plan showing quantity of space in square footage of the building (15.07a). Site plan must show the public right-of-way that the public entrance is from. 15.06 Subd. 2 & 3

6. Attach the proposed exterior sign plan to this application. 15.06 Subd. 5

7. Inspection of premises 15.09:

State: _____ yes _____ no If yes, who? _____

County: _____ yes _____ no _____

City Fire Marshall: Written inspection report to be attached by City Clerk.

City Building Official: Written inspection report to be attached by City Clerk.

Police Department: Written investigation/inspection report.

These inspections and reports will be made upon the filing of the completed application and payment of the license application and inspection fee to the City Clerk.

8. List the names, addresses, phone numbers of the property owner, business owner, and/or lessee if any, operator or manager. List names of all employees. Use separate sheet if necessary. 15.07, Subd 2(c)

List at least two persons who are residents of Minnesota who may be called upon to attest to the applicant’s, manager’s or operator’s character and whether the applicant, manager or operator has ever been convicted of a crime or offense other than a traffic offense, and, if so, provide complete and accurate information on the deposition thereof. Use separate sheet if necessary.

9. List names and addresses of all creditors of the applicant, owner, lessee (if any) or manager regarding credit which has been extended for the purpose supporting this business. (Per Section 15.07 Subd. 2(c) Use separate page if necessary.

<u>Name</u>	<u>Name</u>
(1.) _____	(2.) _____
<u>Position</u>	<u>Position</u>
_____	_____
<u>Street Address</u>	<u>Street Address</u>
_____	_____
<u>City, State, Zip</u>	<u>City, State, Zip</u>
_____	_____
<u>Phone Numbers</u>	<u>Phone Numbers</u>
_____	_____
<u>Date of Birth</u>	<u>Date of Birth</u>
_____	_____

Name

(3.) _____

Position

Street Address

City, State, Zip

Phone Numbers

Date of Birth

Name

(4.) _____

Position

Street Address

City, State, Zip

Phone Numbers

Date of Birth

10. Provide information required as per Chapter 15, Section 15.07 Subd.2(d) if this application is from a corporation, joint business venture, partnership, or any legally constituted business association.

Name

(1.) _____

Position

Street Address

City, State, Zip

Name

(2.) _____

Position

Street Address

City, State, Zip

Phone Numbers

Phone Numbers

Date of Birth

Date of Birth

Name

Name

(3.) _____

(4.) _____

Position

Position

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Numbers

Phone Numbers

Date of Birth

Date of Birth

11. Provide information as per Section 15.07 Subd. 2(e) regarding persons having an interest in the premises. Attach documents that are involved.

Section 15.08 Fees.

1. Annual license fee of \$150.00

Paid _____, _____, _____ Rec. # _____

2. Investigation fee \$100.00 for initial application.

Paid _____, _____, _____ Rec. # _____

Signature of Applicant

Name

Date

Title

For Police Department Use:

Photograph taken by: _____ Date: _____

Fingerprints taken by: _____ Date: _____

Police Department Records: _____

Sheriff Office Records: _____

F.B.I. Records: _____

B.C.A. Records: _____

Credit Records: _____

Other Agencies: _____

Summary: _____

As a result of this investigation, **I recommend** that his license be granted:

Date _____

Chief of Police: _____

As a result of this investigation, **I do not recommend** that this license be granted:

Date _____

Chief of Police: _____

Report of Premises by Building and Zoning Administrator:

This is to certify that the premises herein described have been inspected and is in compliance with Austin City Codes regulating Zoning issues:

Date: _____ Approved by: _____
Title

Report of Premised by Fire Department:

This is to certify that the premises herein described have been inspected and all laws of the State of Minnesota and the City of Austin relating to fire codes have been complied with.

Date _____ Approved by: _____
Title

Completed application received by the Austin City Clerk office on this _____ day of _____, _____.

City Council action as per 15.07 Subd. 5(e) taken on _____, _____.

Approved ____ Denied ____

Name of person receiving application

SECTION D – Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner Revenue your Minnesota business tax identification number and 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 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 Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange 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 issuance or renewal application.**

Applicant's Name (Last, First, MI)

Social Security Number

Home Address

City

State

ZIP

Minnesota Business ID Number:

Federal Tax ID Number:

If Minnesota Tax Identification is not required, please explain:

SECTION E: 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):

Policy Number:

Dates of Coverage.

to

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)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

SIGNATURE

POSITION

DATE SIGNED