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## *Have you submitted . . .*

- Completed Bowling Alley License Application
- License Fee
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form
- Proof of Payment of Property Taxes

## *Questions . . .*

To obtain a bowling alley license application or for more information on bowling alley licensing, please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway  
Brooklyn Center, MN 55430-2199

Telephone (763) 569-3300

TTY/Voice 711

Fax (763) 569-3494

[www.cityofbrooklyncenter.org](http://www.cityofbrooklyncenter.org)

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# **Bowling Alley License Procedures**

Revised 10/17

*City of Brooklyn Center*

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## *License Requirements*

The City of Brooklyn Center requires the licensing of bowling alleys as defined in Section 23-209.01 of its Ordinance. The license period is the calendar year, January 1 through December 31. The annual license fee for a bowling alley license is \$20 per alley.

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Please complete or provide the following:

- **License Application** – completed information as required in Section 23-209.02 of the City Ordinance
- **License Fee** - \$20 per bowling alley (checks made payable to the City of Brooklyn Center)
- **Proof of Workers' Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72
- **Proof of Payment of Property Taxes** – submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us)

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## *License Approval*

Upon the City Clerk's receipt of a completed bowling alley license application, appropriate license fee, Proof of Workers' Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the license application shall be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the month. License materials must be submitted at least seven (7) days prior to a City Council meeting.

Acct No. 10100-4211

## License Application Bowling Alley

Annual Expiration: December 31  
Annual Fee: \$20/alley

**TO THE HONORABLE CITY COUNCIL:**

Date: \_\_\_\_\_

**OPERATOR**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, and Zip)

Telephone Number: \_\_\_\_\_

**OWNER (APPLICANT)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, and Zip)

Telephone Number: \_\_\_\_\_

The undersigned hereby applies for a bowling license and acknowledges receipt of a copy of City Ordinance Section 23-209 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

County \_\_\_\_\_

My Commission expires \_\_\_\_\_

City of Brooklyn Center  
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. 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 City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**X** License being applied for or renewed: \_\_\_\_\_

**X** License renewal date: \_\_\_\_\_

**X** **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

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

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

(Address, City, State, and Zip)

Social Security Number: \_\_\_\_\_

**X** **BUSINESS INFORMATION Please Print:**

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

Contact Person: \_\_\_\_\_

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

(Address, City, State, and Zip)

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

**X** Federal Tax Identification Number: \_\_\_\_\_

**X** Minnesota Tax Identification Number: \_\_\_\_\_

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

# Certificate of Compliance Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.