



# APPLICATION FOR LICENSE

City of Crystal

4141 Douglas Drive N, Crystal, MN 55422

Telephone: 763-531-1000 Website: [www.crystalmn.gov](http://www.crystalmn.gov)

Deaf and hard-of-hearing callers may call Minnesota Relay at 711.

**PLEASE PRINT CLEARLY**

Applicant's Name:	Fee:* (0100-4145)   \$
Home Address:	Home Phone: ( )
City/State/Zip:	Cell Phone: ( )
Doing Business As:	Email:
MN Tax ID #: Federal Tax ID #: <u>or</u> Social Security #	
<b>Location of Kennel</b> (full address, including zip code):	

I enclose the sum of \_\_\_\_\_ and 00/100 dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining a (*check one*)  **PRIVATE** or  **COMMERCIAL** ANIMAL KENNEL LICENSE at the above address from \_\_\_\_\_ through April 30, 20\_\_\_\_, subject to all conditions and provisions of said Ordinance.

**ADDITIONAL REQUIREMENTS**

1. *Commercial & Private licenses:* Kennel License Supplemental Form
2. *Private license:* Copy of current rabies vaccination forms
3. *Private license:* Copy of current dog licenses from the Crystal Police Department

The information in this Application For License is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

\*Fee: *If exempt, fill out Licensing Fee Exemption Form*

(Fee: commercial kennel = \$150/new or \$130/renewal; private kennel = \$100/new or \$80/renewal)

**APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION**

*(Includes Tennessee Warning)*

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

**CITY USE ONLY:**

JDE# \_\_\_\_\_ Date Entered: \_\_\_\_\_

PIMS ID# \_\_\_\_\_ Council Date: \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
City Manager Anne Norris

\_\_\_\_\_  
City Clerk Chrissy Serres

# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE      ZIP CODE
COUNTY	E-MAIL ADDRESS	

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### **NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

### **NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: \_\_\_\_\_

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.

PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

KENNEL LICENSE SUPPLEMENTAL FORM

- 1. Type of kennel (check one):       Commercial       Private
- 2. Zoning classification of land: \_\_\_\_\_
- 3. Adjacent property uses:  
North: \_\_\_\_\_ East: \_\_\_\_\_  
South: \_\_\_\_\_ West: \_\_\_\_\_
- 4. Nature and/or extent of kennel operation, including number of animals on the premises:  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Kennel layout and construction:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide in the table below the information requested from neighbors located on either side of your property, the two houses across the street, and the two houses behind you. If your property is located on a corner lot, signatures must be obtained from the side houses and all corners. Please print clearly.

We, the undersigned, consent to the residence at \_\_\_\_\_  
*(house number, street, and zip code)*  
in Crystal to have more than 3 dogs OR more than 3 cats OR a combination of more than 2 dogs and 2 cats **not exceeding a total of 5 dogs and cats** on the premises.

Print Name	Signature	Address w/ Zip Code	Home Phone	Work Phone

Please note that letters will be sent to **each** person listed in this table. The letter will include the applicant's name and address and the date of the council meeting at which this kennel license will be an agenda item.

**Crystal City Code Section 910.01, Subd. 11**

"Private kennel" means any premises where more than 3 dogs OR more than 3 cats OR a combination of more than 2 dogs and 2 cats **not exceeding a total of 5 dogs and cats** over three months of age, are kept or harbored within a dwelling unit.

**Crystal City Code Section 910.07, Subd. 3**

An applicant for a kennel license must provide an up-to-date detailed plan and description of the premises and structures wherein the kennel is to be operated, the number and types of animals proposed to be handled therein, and such other information as the City may deem necessary.

A kennel license may not be issued to an applicant located within 50 feet of an existing restaurant, except upon approval of the health authority and subject to such limitations as may be prescribed by the health authority.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_



**CITY of CRYSTAL**

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

## Certification of Financial Responsibility

This form must be completed and returned with a City license application.

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at \_\_\_\_\_, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code 1005.29 (a), printed in full on the reverse of this form.

I hereby certify that I/we are current on the following financial obligations:

*(Circle answers)*

- Yes      No      Property Taxes paid
- Yes      No      Utility Bills paid
- Yes      No      State Taxes paid
- Yes      No      Federal Taxes paid
- Yes      No      Other governmental obligations or claims concerning me or the business entity named on this license application

If "NO" is circled for any of the above, describe the payment plan or other agreement approved by the applicable governmental entity.

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See entire Crystal City Code 1005.29 (a) on the reverse side of this form.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_ (date)

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

\_\_\_\_\_  
Signature

*Note: Filing a false statement with a government agency is a criminal offense.*

**Staff use only:**

UB    PrevUB    UB Cert    Tax    PrevTax

Verified compliance \_\_\_\_\_ <date>

Staff initials: \_\_\_\_\_

The City of Crystal has adopted the following ordinance:

**Crystal City Code 1005.29 Financial responsibility; applicability.** (a) Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. "Satisfactory evidence of financial responsibility" shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. "Satisfactory evidence of financial responsibility" as required by this subsection shall in addition be shown by any individual applicant and all individual owners and/or shareholders of the business entity. Operation of a business licensed under this section without having on-going evidence on file with the City of the financial responsibility required by this subsection is grounds for revocation or suspension of the license.

#### **What does this mean for a City-issued business license?**

Prior to issuance of a City-issued business license or renewal license, license holders are required to certify that the property taxes, utility bill, and all state and federal taxes for the property or the business entity applying are current. Also, the applicant must certify that no notice of delinquency or default has been issued or is subject to a payment plan.

#### **What will happen if a license holder is not financially responsible?**

A hearing is granted before the City Council. The Council may deny, suspend or revoke the City-issued business license. Upon providing satisfactory evidence of financial responsibility, the business owner may re-apply for the license.