

City of Alexandria



704 Broadway, Alexandria, MN 56308

320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

Licensing Year: 1/1 TO 12/31 20__

New: Renewal:

License Fee: \$10 PER RACE

Provide list of dates for races/events

Motorized Vehicle Racing (2 Cylinder or Less Engines)

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Information

Legal Name First _____ Middle _____ Last _____

Primary Phone _____ Alt. Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Business Information: Corporation Limited Liability Company Partnership Other _____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

Applicant/Licensee Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received _____ Date of City Council Approval _____ License # _____

General Application For License

CITY OF ALEXANDRIA

Section A

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 \$2,000 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)

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 B

Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request 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 Alexandria 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:

If a Minnesota Tax ID number is not required, please explain:

Social Security Number:

Section C

Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data**. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:

Date of Birth:

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUS- TORY LIMITS OTH ER
	DED RETENTION \$						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Alexandria is listed as an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Section 4.37. **Motorized Vehicle Races and Events.**

Subd. 1. **License Required.** It is unlawful for any person, firm, corporation or other organization to sponsor, conduct or operate motorized vehicle races or competitive events within the City of Alexandria, or within two miles of the City of Alexandria without first having obtained a license therefore from the City of Alexandria.

Subd. 2. **License Fee.** The license fee for events shall be set annually by resolution of the Alexandria City Council.

Subd. 3. **License Terms and Conditions.** A separate license shall be required for each day of a scheduled race or event and all events shall be subject to the following conditions:

A. No license shall authorize motorized vehicle racing or events between the hours of 10:45 p.m. and 9:00 a.m.

B. All vehicles participating in the activity or event shall be equipped with sound muffling equipment to minimize the impact of noise resulting from the race or event.

C. All racing or events shall be conducted within a defined geographic area which shall be clearly identified and secured.

D. All racing or events shall be conducted to comply with the Rules of the Minnesota Pollution Control Agency for Noise Pollution Control, Minn. Rules 7030.0010 through 7030.1060.

Subd. 4. **License Application.** The application for a license for a race, activity, or event shall be on forms prescribed by the Alexandria City Council and shall include, but not be limited to the following information and data:

A. Name, address and description of the sponsoring person, firm, corporation or organization;

B. The federal and state employer identification number of the sponsoring person, firm, corporation or organization;

C. The name, home address and telephone numbers of all officers, directors and the supervising official responsible for the conduct of the race, activity, or event;

D. A description of the proposed race, activity

or event;

E. The date(s) for which each license is sought;

F. The location for the conduct of the race, activity or event;

G. If the applicant is not the owner of the real estate upon which the race, activity, or event is to be held, a copy of the lease or rental agreement between the sponsoring person, firm, corporation or organization and the owner of the real estate.

Subd. 5. **Immediate Revocation.** If during the course of a race or event there occurs conduct which violates the terms and conditions of the grant of the license, the license shall be immediately revoked, and the Police Department of the City of Alexandria shall be authorized to immediately terminate the racing or event for which the license was granted.

Subd. 6. **Future Licenses.** Any violation of the terms and conditions for the grant of the license authorized by this section shall immediately revoke any license to the person, firm, corporation or organization for any and all future licensed races or events. Any licensee whose license is revoked under the terms of this Subdivision 6 may request reconsideration for the grant of future licenses by the Alexandria City Council.

Subd. 7. **Individual Officer's Responsible.** The individual offices, directors and managers of the sponsoring firm, corporation or organization shall be personally responsible for each and every violation of the term of the license.

Subd. 8. **Criminal Penalties.** Any violation of this Ordinance involving the failure to obtain a license or a violation of the terms for which the license is granted, is a misdemeanor, and upon conviction of the individual, the officer, director or manager shall be subject to a fine of not more than \$700 or imprisonment for a term not to exceed 90 days or both. In all cases, the City shall be entitled to collect the costs of prosecution to the extent permitted by law. Each act of violation and each day a violation occurs or continues shall constitute a separate offense.

Subd. 9. **Effective Date.** This ordinance shall become effective from and after its passage and publication.

Source: Ord. 462-2nd Series
Effective Date: 5/14/01