City of Alexandria



704 Broadway, Alexandria, MN 56308 320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

New: Renewal: License Fee: \$100

Fireworks (Indoor Sales)

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.

	ation				
Legal Name First		Middle	Last		
Company Name		Phone	Email		
Street Address		City		State	Zip
Mailing Address (where future	correspondence sl	hould be sent):			
Street Address		City		State	Zip
Business Information:	Corporation	Limited Liability Company	Partnersh	ip Oth	er
Name of Company					
Business Address		City		_ State	Zip
Phone	_ Email		Website		
		siness (legal names, mobile food ur			
List all other names under whi	ch you conduct bus	siness (legal names, mobile food ur	it signage, par	ent compan	ies DBA, etc
List all other names under whi	ch you conduct bus		it signage, par	ent compan	ies DBA, etc
Applicant/Licensee Signature Title (if signing on behalf of an	ch you conduct bus	siness (legal names, mobile food ur	nit signage, par	ent compan	ies DBA, etc
Applicant/Licensee Signature Title (if signing on behalf of an *If you have any questions, plebehalf of the City of Alexandrian)	organization)ease contact Amy Ra, thank you for you	Riedel at 320-759-3622 or email our prompt attention in returning	Dateat ariedel@ale	ent compan	n.city. On

Application for Sale of Fireworks – Under City Code Section 4.38

In support of my application for license under this Ordinance, I hereby make the following representations:

1.	Name	Date of Birth		
	Permanent Address:	Phone	No	
2.	Address where fireworks will be sold:			
3.	Description of the fireworks to be sold:			
4.	Date of fireworks sales:			
5.	Estimated quantity of fireworks that will be stored on the premis	es:		
6.	Description of the premises and facility from which fireworks are			
7.	Approval of the property owner, if different from applicant:	Yes	No	
8.	Have you ever been convicted of a crime	Misdemeanor	-	
	Violation of any municipal ordinance other than traffic violation:			
	If so, give date, place, and penalty imposed:			
9.	List three cities where applicant has done this type of business:			
	1			
	2			
	3			
10.	. Have you previously conducted this business in the City of Alexar	ndria?	Yes	No
	If so, give date:			
11.	. If license is granted, will you avoid soliciting at residential premis	es?	Yes	No

REQUIRED:					
			- -	=	ents who may sustair
	Bonding Company			Bond No)
INSURANCE F	REQUIREMENTS:				
	approved by the City s	howing p	oublic liability insurance w		• •
CONDITIONS	OF LICENSE:				
a.	Prior to the issuance o Fire Marshall.	f the lice	nse, the premise must be	inspected and app	proved by the City
b.	The license is not trans	sferrable	, either to a different pers	on or location.	
c.	\$500.00 bond in favor of the City of Alexandria but for benefit of any residents who may individual loss by means of fraud, artifice, trick or other means of theft. Bonding Company Bond No SURANCE REQUIREMENTS: Each applicant shall submit with their application a Certificate of Insurance in a Company approved by the City showing public liability insurance with limits of at least \$10,000/\$20 for personal injury and \$5,000 for property damage. DNDITIONS OF LICENSE: a. Prior to the issuance of the license, the premise must be inspected and approved by the				
d.	•		pection by City employees	s including police c	officers during
e.		h a licens	se will be issued must be lo	ocated in a zoning	district permitting
f.	-	ireworks	on the premises must be	in compliance with	n the Uniform Fire
g.	The premises must be	in compl	iance with the Uniform Fi	re Code and Unifo	rm Building Code.
				lerstand that any fa	alse representation
	-		Signature of Applica	 ant	Date
		20			
My Commissi	Notary Public on expires				

CITY OF ALEXANDRIA DEPARTMENTAL APPROVAL:

Referred to Chief of Police Date:	
Recommendation: Granted	Refused
Give reason if refused	
·	
	Chief of Police
Premise Inspected by City Fire Marshal Date:	
Recommendation: Granted	Refused
Conditions for Approval	
	Fire Marshal
Premise Plans Reviewed by City Building Inspector	r Date:
Recommendation: Granted	
Conditions for Approval	
	Building Inspector
Premise Located in Zoning District Permitting Reta	nil Sales: Yes No
	City Zoning Administrator

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.

company, the policy number, and dates of coverage or the permit to sand retained in their files.	self-insure. This information will be collected by the licensing agency						
	ate a business may not be issued or renewed if it is not provided and/ or falsely stated, it may result in a \$2,000 penalty assessed against ndustry.						
Insurance Company Name (not the agent):	Policy Number:						
Dates of Coverage:	to						
	.0						
I am not required to have workers' compensation liability coverage be	ocalico.						
☐ I have no employees	cause.						
☐ I am self insured (include permit to self-insure)							
☐ I have no employees who are covered by the workers' compensa employees)	ation law (these include spouse, parents, children, and certain farm						
I certify that the information provided above is accurate and complet at all times as required by law.	e and that a valid workers compensation policy will be kept in effect						
Section B							
Tax Identification Information Pursuant to Minnesota Statute 270C.72, the City of Alexandria is req Revenue your Minnesota business tax identification number or the so	ocial security number of each license applicant.						
Under the Minnesota Government Data Practices Act and the Federa regarding the use of this information:	I Privacy Act of 1974, we are required to advise you of the following						
of Revenue delinquent taxes, penalties, or interest;	nsfer of your license in the event you owe the Minnesota Department						
Upon receiving this information, the City of Alexandria will supply it Federal Exchange of Information Agreement, the Department of Re	t only to the Minnesota Department of Revenue. However, under the evenue may supply this information to the Internal Revenue Service;						
Failure to supply this information may jeopardize or delay the process.							
Minnesota Business ID Number:	Federal Tax ID Number:						
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:						
Section C							
Tennessen 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

	rtificate holder in lieu of such endors	ement(s)).	CONTA	ĈТ				
PRO	DUCER			CONTA NAME:			FALL		
				PHONE (A/C, No	Ext):		FAX (A/C, No):	
				E-MAIL ADDRE					
						URER(S) AFFOR	RDING COVERAGE		NAIC #
				INSURE	RA:	400			
INSU	RED			INSURE	RB:				
				INSURE	RC:				
				INSURE	RD:				
				INSURE					
				INSURE					
COV	/ERAGES CER	TIFICATE	NUMBER:	INSURE	NF.		REVISION NUMBER:		
TH IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE EDUCED BY F	OR OTHER S DESCRIBE	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY				1.4		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EVE /A		
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	social Avenue a CASTELLA						GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ \$	
	POLICY JECT LOC AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	,	
							(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED						The state of the s	(1) D-27	
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accider PROPERTY DAMAGE	17.20	
	HIRED AUTOS AUTOS						(Per accident)	S	
								2	
	UMBRELLA LIAB OCCUR		The state of the s				EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OT	\$	
	AND EMPLOYERS' LIABILITY						TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYE	E \$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
nesc	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (Attach	ACORD 101 Additional Remarks	Schedule	if more space is	required)			
				Jonedale	in more space is	roquirou			
The	City of Alexandria is listed as an a	dditional	insured.						
CEF	RTIFICATE HOLDER			CANO	ELLATION				
				SHO	ULD ANY OF	DATE TH	DESCRIBED POLICIES BE EREOF, NOTICE WILL BY PROVISIONS.		
				AUTHO	RIZED REPRESE	NTATIVE			