



**LICENSING DIVISION**  
 1584 Hadley Avenue N  
 Oakdale, MN 55128  
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 www.ci.oakdale.mn.us

<b>FOR OFFICE USE ONLY</b>
NOTES:

## FIREWORK SALES LICENSE APPLICATION

*License Term: January 1 – December 31, annually*

*Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly. Please attach additional documents, where it is applicable.*

<b>SECTION A. BUSINESS INFORMATION</b>	
Name:	Last Name:
Company Name:	
Doing Business As:	
Address:	
Phone:	Fax:
E-Mail:	
Website / Social Media Site (Facebook, Twitter, etc....):	
Federal Tax ID:	Minnesota Tax ID:
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company	
This business is: <input type="checkbox"/> Individually owned <input type="checkbox"/> Co-owned with partner(s) - <i>all partner(s) must complete additional application.</i> <input type="checkbox"/> N/A	

<b>SECTION B. PERSONAL</b>			
Relationship to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other:			
First Name:	Middle:	Last:	
Maiden Names or Names Known by Others:			
Home Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
E-Mail:			
Social Security #:		Driver's License #:	
Date of Birth:		Place of Birth:	
Eye Color:	Hair Color:	Height:	Weight:
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No - Complete Below If you answered "NO" above, are you legally a Permanent Resident of the United States? <input type="checkbox"/> Yes - Permanent Resident Card #: _____ (submit a copy) <input type="checkbox"/> No - Complete Below If you answered "NO" above, do you have a Work Authorization Card? <input type="checkbox"/> Yes - Authorization #: _____ (submit a copy) <input type="checkbox"/> No - Please explain:			

**SECTION C. MANAGER**

List the person who will serve as Manager(s) for this business establishment:

Full Name	Phone	Address	State	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION D. LICENSING POINT OF CONTACT**

*List the person who will serve as the licensing point of contact. This person will be the one to receive renewal packets.*

Please check one:  Same as the applicant – Skip to Section D  Different from the applicant – Complete below

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
E-Mail:			
How would you like to receive license renewal packets? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail			

**SECTION E. EMERGENCY CONTACT**

*Please list an alternative contact information different from the applicant.*

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Other Number:		

By signing below, I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

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

\_\_\_\_\_  
Date

## TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

### **Minn. Statute 13.41, Subd. 5.**

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

By signing below, I have read and understood the Tennessen warning.

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

\_\_\_\_\_  
Date

## INFORMED CONSENT

The City of Oakdale requires criminal background checks for all Fireworks License applicants. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	
ID / Driver's License Number:	State of ID / License Issuance:	
Social Security Number:		

By signing below, I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a fireworks license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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

\_\_\_\_\_  
Date

# Certificate of Compliance Minnesota Workers' Compensation Law

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

**PRINT IN INK or TYPE**

Minnesota Statutes §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 number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
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County	Email address
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## **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 number	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, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 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 [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

\_\_\_\_\_

\_\_\_\_\_

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

**Print name**

<b>Applicant signature (required)</b>	<b>Title</b>	<b>Date</b>
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

**LICENSING PROCESS**

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department, and a public hearing date will be established for City Council to approve the license. Please note that the licensing process may take 6-8 weeks for new applicants.

**APPLICATION CHECKLIST**

Before you submit your application packet, please check off the following to ensure everything has been completed.  
**All incomplete applications will be returned.**

*AP – Applicant checklist,  
 CTY – City checklist*

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	<b>City Application</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tennessee Warning and Informed Consent Form</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Identification</b> - Attach a copy of driver's license with a CURRENT address.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Site Plan</b> - submit a site plan of the premises, including the storage room.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Insurance</b> - Attach a current copy of certificate of liability insurance showing worker's compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Worker's Compensation Certificate of Compliance</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Supplemental Form</b> - Any applicant's spouse, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete this form. <input type="checkbox"/> <b>Please check this box if a Supplemental Form isn't required and applicable to you.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fee -</b> <u>General Business:</u> \$100.00 <u>Portable Business:</u> \$350.00
<input type="checkbox"/>	<input type="checkbox"/>	<b>Checklist</b> – read, check off list, sign, and date.

**Please mail, drop off, or e-mail forms and required documents when completed.**

By signing below, I agree that I have received a copy of the city ordinance and I understand that it's my responsibility to review it. I understand the licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my application is incomplete, it will be returned.

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

\_\_\_\_\_  
 Date

<b>FOR OFFICE USE ONLY</b>		
PM:	#:	\$:
PM:	#:	\$:
PM:	#:	\$: