



City of Farmington

Checklist for Billiards License

Business Name: _____

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

<u>Required Documents</u>	<u>Applicant Initials</u>	<u>City Staff Initials</u>
1. Billiards License Application (Form BLIC2009)	_____	_____
2. All applicable Fees (See fee schedule below)	_____	_____
3. Copy of Billiards Ordinance	_____	<u>N/A</u>
3. <u>All that apply:</u>		
Partnership Agreement	_____	_____
Certificate of Trade Name	_____	_____
Certificate of Incorporation	_____	_____
Corporate By-Laws	_____	_____
Certificate of Authority	_____	_____

License Fees

Machine Fee	\$50 (for first machine) \$20 (for each additional machine)
Investigation Fee (for new license only)	\$150



City of Farmington

Application for Billiards License

(Form BLIC2009)

APPLICANT INFORMATION

Applicant Name: _____ Title: _____
(First) (Middle) (Last)

Applicant Address: _____
(Street) (City, State, ZIP)

Applicant Home Phone: _____ Date of Birth: _____

BUSINESS INFORMATION

Business Name: _____

Address: _____
(Street) (City, State, ZIP)

Business Phone: _____ FAX: _____ Email: _____

Business Type: Proprietorship _____ Partnership _____ Corporation _____

Please list name (first, middle & last), address, date of birth, and telephone number for all parties with ownership interest.

1. Are you presently licensed in another community? Yes No

If yes, please list: _____

2. Have you ever been denied a Billiards license? Yes No

If yes, please explain: _____

3. Have you ever been convicted of an alcohol or drug related offense? Yes No

4. List any training or related experience: _____

5. Number of tables _____ Coin operated? Yes No

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I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts may result in the disqualification or denial of the license. I authorize the City of Farmington to investigate the information and contact persons/organizations named on this application.

Name of Applicant (please print) _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public _____

CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Farmington (“the City”). Private data is that information held by the City which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the City’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The City Attorney and support staff of the City Attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024; (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

Applicant _____ Date _____

THIS SECTION FOR OFFICE USE ONLY

REQUIRED DOCUMENTS

City Application Received Date _____

Proof of Liability Insurance Received Date _____

Proof of W.C. Insurance Received Date _____

Fees Paid Received Date _____

Date of City Council meeting: _____ Notice prepared: _____

APPROVALS

Department	Signature	Date	Comments
Police	_____	_____	_____
City Clerk/Deputy Clerk	_____	_____	_____
City Council	_____	_____	Resolution number: _____