



## **ITEMS REQUIRED TO APPLY FOR A TATTOO/BODY PIERCING LICENSE**

1. Application Packet which includes:
  - a. Application Form
  - b. Tennessee Warning
  - c. License Contact Information
  - d. Certificate of Insurance
    - Must be issued by an insurance company licensed to do business in the state of Minnesota
    - Commercial General Liability insurance shall be with a limit of not less than \$1,000,000 each occurrence. If such insurance contains an annual aggregate limit, the annual aggregate limit shall not be less than \$2,000,000.
    - Such insurance shall be kept in force during the term of the license
    - The City of Buffalo must be shown as Certificate Holder which will provide the City with notification prior to termination or cancellation of the policy
  - e. Minnesota Business Tax Identification Law
  - f. Certificate of Compliance for Workers' Compensation
2. State Issued License
3. Application fee of \$500 (plus \$300 for background check for new applicants only)



## APPLICATION FOR **NEW ANNUAL CITY LICENSES**

CITY OF BUFFALO, MINNESOTA

Applicant Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

TYPE OF LICENSE/PERMIT	COST	TOTAL
<b>INVESTIGATION FEES</b> – One-time Fee ( <i>New applicants only</i> )	\$300.00	
ON-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$200.00	
OFF-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$60.00	
ON-SALE LIQUOR	\$3,800.00	
SUNDAY LIQUOR SALES	\$200.00	
WINE	\$100.00	
LIMITED ON-SALE CULINARY CLASS	\$100.00	
BREWERY / TAP ROOM (ON-SALE)	\$500.00	
GROWLER (OFF-SALE)	\$250.00	
DISTILLERY/COCKTAIL ROOM (ON-SALE)	\$500.00	
CIGARETTE / TOBACCO / E-CIG	\$50.00	
*THC (Tetrahydrocannabinols)	\$50.00	
MASSAGE-INDIVIDUAL MASSAGE THERAPIST/SOLE PROPRIETOR	\$50.00	
MASSAGE-CORPORATE/PARTNERSHIP BUSINESS	\$200.00	
TATTOO/BODY PIERCING	\$500.00	
GOLF CART PERMIT	\$5.00	
PAWN SHOP	\$50.00	
CURRENCY EXCHANGE / MONEY ORDERS	\$50.00	
CRAFT RETREAT FACILITY ( <i>Requires an Interim Use Permit</i> )	\$50.00	
FIREWORKS – INSIDE SALES ( <i>License valid for 6 months only</i> )	\$50.00	
FIREWORKS – OUTSIDE SALES ( <i>License valid for 6 months only</i> )	\$250.00	

**TOTAL FEES DUE - \$** \_\_\_\_\_

\*Zoning Review Required      Zoning Approved By: \_\_\_\_\_

This application is made pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of said City of Buffalo applicable thereto. All licenses/permits expire on December 31.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Application must be filed at City Clerk's office, 212 Central Avenue, Buffalo, MN 55313  
All applications for licenses listed above must be approved by City Council before a license can be granted.

## **DATA PRACTICES ADVISORY TENNESSEN WARNING – PERMITS AND LICENSES**

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Buffalo City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the “Act”). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. 13.41, subd.5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, subd.2; Minn. Stat. 13.37, subd.1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Buffalo may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

**Certification:** I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Buffalo.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

---

Signature

---

Date

---

Print Name

---

Print Title

---

Establishment Name (DBA) or Trade Name



**CITY OF BUFFALO  
INFORMED CONSENT FORM  
LIQUOR – TOBACCO – THC (Tetrahydrocannabinols) -  
TATTOO/BODY PIERCING LICENSE APPLICATIONS**

The City of Buffalo requires criminal background checks on all parties applying for a liquor, tobacco, THC or tattoo/body piercing license. This background check is a mandatory part of the license process.

The following person has made application for a liquor, tobacco, THC or tattoo/body piercing license with the City of Buffalo.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden, Previous, Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License: \_\_\_\_\_

I authorize the Buffalo Police Department to disclose any criminal history record information to the City of Buffalo for the purpose of consideration for a liquor, tobacco, or THC license.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

---

Signature of Applicant

---

Date

  
.....

You have the following rights under State Statute:

1. The right to be informed by the City of Buffalo of the BCA's response to the background check and to obtain a copy of the background check report.
2. The right to obtain from the City of Buffalo any record that forms the basis for the report.
3. The right to challenge the accuracy and completeness of any information contained in the report.
4. The right to be informed by the City of Buffalo if your application for a liquor, tobacco, or THC license has been denied is because of the BCA's response.

If the results of the criminal background check do not satisfy the City of Buffalo, the parties knowingly and voluntarily agree that no contract was ever created between the City of Buffalo and the above signed.

Date to PD: \_\_\_\_\_

PD Approved  Denied  By \_\_\_\_\_ Date \_\_\_\_\_  
Police Department Staff



## LICENSE CONTACT INFORMATION

Licensee Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Establishment's Telephone #: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Managing Partner/Primary Officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Licenses and renewal application forms should be returned to:

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of person to contact if questions: \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Email of contact person: \_\_\_\_\_

Licensee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Today's Date

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

Insurance Group/Company Name  
Contact Name, if applicable  
Street Address  
City, State Zip

## INSURED

Licensee Name  
dbo Trade (Business) Name (if different from above)  
Physical Address (No PO Box/Mailing address)  
Buffalo, MN 55313

CONTACT NAME: **Contact Name**PHONE (A/C, No. Ext): **123-456-7890**

FAX (A/C, No.):

E-MAIL ADDRESS: **If applicable**

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **Insurance Agency/Company Name**INSURER B: **If different than "Producer" information**

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGE(S)

## 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/SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A.	GENERAL LIABILITY			<b>XX12345</b>			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	ANY AUTO ALL OWNED AUTOS Hired AUTOS						
	SCHEDULED AUTOS NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$ AGGREGATE \$ \$
	EXCESS LIAB						
	DED <input type="checkbox"/> RETENTION \$						
B.	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A <input type="checkbox"/>	<b>XXX1234567</b>			WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Buffalo  
212 Central Ave.  
Buffalo, MN 55313

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

*Insurance Agent's Signature*

© 1988-2010 ACORD CORPORATION. All rights reserved.

# **MINNESOTA BUSINESS TAX IDENTIFICATION LAW**

**Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4.** All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).

**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:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority 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.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

<b>Applicant's name (LAST, first, middle initial)</b>			<b>*Social Security Number</b>	
<b>Home address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Phone number</b>
<b>Business Establishment Name</b>		<b>Type of license applied for:</b>		
<b>Business address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Phone number</b>
<b>Minnesota Tax Identification Number (or explain why you don't have one)</b>			<b>Federal Tax Identification Number</b>	

**\*If company stock is publicly exchanged, you may omit submitting this Social Security information.**

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
Phone: (651) 284-5034

Print in ink or type

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

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 Minn. Stat. 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
---	---------------------------	----------------------------

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
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1. I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

**2. I am not required to have workers' compensation insurance because:**

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio.