

**CITY OF BURNSVILLE**  
**INSTRUCTIONS FOR APPLICATION FOR**  
**SEXUALLY ORIENTATED BUSINESS LICENSE**

1. Sexually Oriented Businesses are regulated by City Code Title 3, Chapter 25. Attached to these Instructions is a copy of the relevant provisions of that Chapter. Each applicant should review the Chapter and be aware of the requirements for compliance with this Chapter.
2. An application for a license must be made on the form provided. The application must be accompanied by a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. The sketch or diagram need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.
3. Additional Requirement for exhibition in a viewing room of less than 150 square feet of a film, video cassette, or other video reproduction which depicts specified sexual activities or specified anatomical areas:

The application shall be accompanied by a diagram of the premises showing a plan thereof specifying the location of one or more manager's stations and the location of all overhead lighting fixtures and designating any portion of the premises in which patrons will not be permitted. A manager's station may not exceed 32 square feet of floor area. The diagram shall also designate the place at which the permit will be conspicuously posted, if granted. A professionally prepared diagram in the nature of an engineer's or architects blueprint shall not be required; however, each diagram should be oriented to the north or to some designated street or object and should be drawn to a designated scale or with marked dimensions sufficient to show the various internal dimensions of all areas of the interior of the premises to an accuracy of plus or minus -six inches.
4. Before a license will be issued, the business premises must be inspected and found to be in compliance with the law by the fire department, police department and building officials.
5. A license fee of \$5,000.00, and an investigation fee of \$1,500.00 must accompany this application. In the event that the license is denied, the license fee shall be refunded; however, no part of the investigation fee shall be returned to the applicant.
6. All licenses expire on December 31 of each year.
7. Completed applications must be returned to the Licensing Coordinator. The City Manager shall approve or disapprove the issuance of a license within 30 days after receipt of the application.

**CITY OF BURNSVILLE**

**APPLICATION FOR SEXUALLY ORIENTATED BUSINESS LICENSE**

1. Full Name of Business: \_\_\_\_\_
2. Type of Business:
  - Adult Arcade
  - Adult Bookstore, Adult Video Store or Adult Store
  - Adult Cabaret
  - Adult conversation/Rap Parlor
  - Adult Massage Parlor
  - Adult Motel
  - Adult Motion Picture Theater
  - Adult sauna
  - Adult Theater
  - Escort Agency
  - Nude Model Studio
  - Sexual Encounter Center
3. Business Address: \_\_\_\_\_
4. Business Phone Number: \_\_\_\_\_
5. Hours of operation: \_\_\_\_\_
6. Is the Applicant(s) a corporation, partnership or an individual? If a corporation, attach the corporation's articles of incorporation, bylaws, any assumed name filing, and list all shareholders and their percentage ownership. If a partnership, attach the partnership agreement.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Applicant(s) Full Name, Address, Date of Birth, and Phone Number: (NOTE: Anyone who owns a 10% or greater interest in the business must join in the application)

Applicant 1: \_\_\_\_\_  
(Last Name, First Name, Middle initial)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date of Birth)

Applicant 2: \_\_\_\_\_  
(Last Name, First Name, Middle initial)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date of Birth)

Applicant 3: \_\_\_\_\_  
(Last Name, First Name, Middle initial)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Date of Birth)

Applicant 4: \_\_\_\_\_  
(Last Name, First Name, Middle initial)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Date of Birth)

Applicant 5: \_\_\_\_\_  
(Last Name, First Name, Middle initial)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Date of Birth)

Applicant 6: \_\_\_\_\_  
(Last Name, First Name, Middle initial)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Date of Birth)

Attach additional sheets if necessary.

8. Give any other names any Applicant(s) have used or been known by, and give reasons for the change. (If none, so state). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name, Address, Phone Number, Social Security Number and Date of Birth of Manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If the Manager listed in Question 9 or Applicant(s) have managed any other sexually oriented business, please list the business name, the business, address, and dates of Manager's employment:

Business Name	Business Address	Periods of Employment

11. List all other cities or communities where any Applicant has applied for or held a license to operate a sexually oriented business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Have any of the Applicants, Applicant's spouses, or anyone an Applicant is residing with ever been convicted of any criminal offense, other than a non-moving traffic violation?  
 Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional sheets if necessary.

13. Describe the intended nature of your business fully:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. List three personal references including name, address, and phone number for each Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does any Applicant(s) have income from any other source than the sexually oriented business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state source for each Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Does any Applicant(s) own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state location for each Applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Were any Applicant(s) or the Manager named in Question No 9 ever a party to a civil action or proceeding in this state or elsewhere, or has any Applicant(s) been named in a notice of claim that the Applicant(s) may be a defendant in a civil action or proceeding that related to operation of a sexually oriented business? Yes \_\_\_\_\_ No \_\_\_\_\_ Indicate below each civil action or proceeding.

Which Applicant	Date Commenced	Action or Proceeding	Applicant(s) named as Plaintiff, Defendant, Petitioner or Respondent	Court Disposition

18. Were any Applicant(s), or the Manager named in Question No. 9, ever named as a defendant in a criminal proceeding that related to operation of a sexually oriented business? Yes\_\_\_\_\_ No\_\_\_\_\_ Indicate below each criminal action or proceeding:

Which Applicant	Date Commenced	Action or Proceeding	Court Disposition

19. Please fill out completely the attached forms that are required for the Minnesota Department of Revenue and Department of Labor and Industry. Each Applicant must complete 3 original release forms. Applications will not be accepted until these forms are filled out completely.

The undersigned Applicant(s) make this application pursuant to Title 3, Chapter 25, of the Burnsville City Code, and such rules and regulations as the City Council of the City of Burnsville may from time to time prescribe.

I swear the application is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and 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:

1. 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;
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: \_\_\_\_\_

LICENSE AUTHORITY: \_\_\_\_\_  
(Name of City, County or State agency issuing license)

LICENSE RENEWAL DATE: \_\_\_\_\_

PERSONAL INFORMATION (if applicable):

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Social Security Number: \_\_\_\_\_

BUSINESS INFORMATION (if applicable):

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

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

\_\_\_\_\_  
City State Zip Code

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

If a Minnesota Tax identification number is not required, please explain on the reverse side.

\_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date

**PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers, compensation.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

\_\_\_\_\_

Date of Coverage: \_\_\_\_\_

(or)

I am not required to have worker's compensation liability coverage because:

(     ) I have no employees covered by the law.

(     ) Other (Specify): \_\_\_\_\_

\_\_\_\_\_

I HAVE READ AND UNDERSRAND MY RIGHTS AND OBLIGATIONS WITH REGARDSTO BUSINESS LICENSES, PERMITS AND WORKER'S COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
(Signature)