

Redwood-Renville Community Health Services

105 S 5 St; Room 119H • Olivia, MN 56277

Phone 320/523-2570 • Fax: 320/523-3749

SPECIAL EVENT LICENSE APPLICATION

Notice to all applicants: Minnesota Statutes, section 270.72, subd.4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes section 176.182 also requires information regarding Worker's Compensation insurance. All data submitted in this application is public data except the individual's social security number, which is private.

APPLICATION DATE: _____

APPLICANT INFORMATION: *(Please Print)*

Name/Title: _____
Address: _____ City/State/Zip: _____
Phone: _____ Social Security No. _____
E-Mail Address: _____

ORGANIZATION INFORMATION (4-H, group, church, etc.): *(Please Print)*

Organization: _____
Address: _____ City/State/Zip: _____
Phone: _____ Minn. Business Tax ID No. _____

WORKER'S COMPENSATION INFORMATION: *(Please Print)*

Insurance Company Name: _____
Designated Mailing Address: _____
Policy No. _____ Dates of Coverage: _____ thru _____

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I certify that I am not required to carry Worker's Compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
 - I have no employees who are covered by the Worker's Compensation law. Note: Only employees exempt by statute (spouse, parent and children) are not covered by Worker's Compensation law.
 - I represent a non-profit association which does not pay more than \$1000 in salary or wages in a year.
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FEE SCHEDULE: *Please check appropriate fee:*

- \$58 Special Event (May be used three times annually, no more than ten days total.)
 - \$23 One Day Special Event (May be used three times annually.)
 - \$23 Special Event-Beverage Only (May be used three times annually.)
 - \$5.75 Late Fee (Applications received less than four (4) days prior to date of event.)
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LICENSING INFORMATION:

Send completed License Application, completed Food Service Information (one for each event), and appropriate fee at least fourteen (14) days before the event to the address above.

I certify that the information provided on this application is accurate and complete.

Signature: _____

Date: _____