



Sidewalk Café Permit Application

Name of Establishment _____

Main Contact Person _____

This contact person will receive all legal notices and renewal information. Your entity is responsible to keep this information current.

1. Establishment Information

Street Address _____

Daytime Phone _____ Email _____

Minnesota Tax ID Number _____ Federal Tax ID Number _____

If a Minnesota Tax ID is not required, please explain: _____

2. Partners, Officers, Directors, Shareholders

If applying on behalf of a partnership, corporation or association please list the full name, present home address and birthdate of all partners, officers and directors, as well as shareholders with a 10% or greater interested in the licensed establishment below (*attach additional sheets if necessary*).

Name _____ Daytime Phone _____

Home Address _____ City _____ State _____ ZIP _____

Date of Birth _____

Name _____ Daytime Phone _____

Home Address _____ City _____ State _____ ZIP _____

Date of Birth _____

3. Notice of Data Practices

*THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Hopkins. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data; however, refusing supply the data may cause your license not to be processed. Under MS 270.72, the City of Hopkins is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Hopkins City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, and Hennepin County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternate address and telephone number. **Please sign below to indicate you have read this notice:***

X Signature _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ Phone Number _____

Certification

I hereby certify all information given to be complete and accurate.

X Signature _____ **Date** _____



Required Documents

The attached forms and information are to be used for submitting an application for a Sidewalk Café Permit in the City of Hopkins. Please use the checklist below to confirm all the information we request is submitted.

City of Hopkins Sidewalk Café Permit Application

Certificate of Liability Insurance

Proof of Workers Compensation Insurance Form

Site Plan (see explanation below)

Fee **\$350.00**

Site Plan

1. A drawing showing:

- the layout and dimensions of the existing sidewalk area and adjacent property
- existing utilities, including fire hydrants
- public improvements such as benches, trash receptacles and landscaping
- the proposed location, size and number of tables, chairs, planters, umbrellas or other objects related to the sidewalk café
- location of doorways
- the pedestrian circulation path

2. Photographs, drawings or manufacturer's brochures fully describing the appearance of all proposed building materials, tables, chairs, umbrellas, trash receptacles, exterior lighting, portable heaters or other objects related to the sidewalk café

3. Lighting Plan

4. Landscaping Plan

Note to Liquor License Holders

The sidewalk café area must be included in the required liquor liability insurance for the premises. All the Management Specifications listed within the Sidewalk Café Policy must be met in order to serve alcoholic beverages within the sidewalk café area. The City Council and/or City Manager may impose additional conditions it deems necessary in the interest of public health, safety and welfare at the time of permit approval.

Review and Approval Process

The completed application and license fee should be submitted to the City Clerk. The application will be referred to the pertinent departments for review and recommendations. The application is then approved or denied by the City Manager.

Fees

City Code requires payment of the fee at the time of application. If the application is denied, the permit fee will be returned to the applicant.



Indemnification Agreement and Insurance Information

The applicant hereby agrees to save, defend, hold harmless, and indemnify the City of Hopkins and all of its officers, departments, agencies, agents, and employees (collectively the “City”) from and against any and all claims, losses, damages, injuries, fines, penalties, and costs, including attorneys’ fees, charges, liability, or other exposures, however caused, resulting from, arising out of, or in any way related to the applicant’s permit as herein described and applicant’s use of City property and/or right-of-way. Nothing herein shall have any effect on the City’s right to assert any liability defense in accordance with Minnesota Statutes, Chapter 466.

The City, in its sole discretion, may require the Applicant to obtain liability insurance coverage(s) for any event. If the City notifies the Applicant in writing that liability insurance is required, the Applicant must provide proof of the appropriate liability insurance(s) in the amount(s) provided herein.

The Applicant must provide the City with a Certificate of Insurance showing proof of the required liability insurance(s). The City must be listed as an additional insured on all liability policies. Applicant’s insurance shall act as the primary insurance coverage for any claims of loss covered by the insurance policy.

The City, in its sole discretion, may require an Applicant to obtain any or all of the following insurance coverage, in at least the coverage amounts contained herein:

1. Commercial general liability insurance or equivalent special event coverage protecting Applicant and City from claims for damages or bodily injury and property damage which may arise out of or in connection with the operation and use of the City’s property or right-of-way. This general liability insurance policy shall be in an amount not less than \$1,000,000.00 per occurrence.
2. If alcohol will be served or included in Applicant’s event, Applicant must obtain liquor liability (also known as dram shop) insurance in an amount not less than \$1,000,000.00 per occurrence.

The City reserves the right to modify these insurance requirements at its sole discretion based on the nature and scope of Applicant’s proposed permit request.



Signature of Applicant

I understand that I may be required to obtain insurance coverage as outlined herein before the City will approve my use of City property or right-of-way. I hereby agree to obtain such coverage as the City may deem necessary and to provide City all necessary documentation of such insurance coverage. I further certify under the penalty of perjury that I am authorized to execute contracts and other instruments and legally bind the Applicant.

X Signature of Applicant _____ Date submitted to City _____

Printed Name and Title of Applicant _____



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	
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		

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

Applicant signature (required)	Title	Date
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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.