



3301 Silver Lake Road  
 St. Anthony Village, Minnesota 55418  
 Office: (612) 782-3301  
 Fax: (612) 782-3302  
 www.ci.saint-anthony.mn.us

-For Office Use Only-	
Application Submittal Date	_____
Fee Paid	<b><u>\$30.00 New</u></b> <b><u>\$10.00 Renewal</u></b>
Worker's Comp Certificate	_____
License Number	_____
Council Approval Date	_____

**BENCH LICENSE APPLICATION**

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

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

Telephone Number: \_\_\_\_\_ Federal ID # \_\_\_\_\_ MN ID # \_\_\_\_\_

*Person to Contact in Regards to Business License:*

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

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

Phone #: \_\_\_\_\_

Location of Bench within the City of St. Anthony: \_\_\_\_\_

*I hereby apply for the following license (s) for the term of one year, beginning March 15<sup>th</sup> of the current year and ending March 15<sup>th</sup> of the following year, in the City of St. Anthony Village, Hennepin/Ramsey County, State of Minnesota.*

*The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulations as the Council of the City of St. Anthony Village may from time to time prescribe, including Minnesota §176.182. I have attached a copy of my Workers' Compensation Insurance Certificate.*

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Inspections:  
 Public Works Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Renewal Only: \_\_\_\_\_