



8150 Barbara Avenue
Inver Grove Heights, MN 55077
www.ighmn.gov

CITY OF INVER GROVE HEIGHTS
SERVICE STATION LICENSE APPLICATION
PLEASE FILL OUT COMPLETELY AND PLEASE PRINT LEGIBLY

LICENSE PERIOD: _____ **TODAY'S DATE:** _____

LEGAL NAME OF BUSINESS: _____

BUSINESS NAME: _____

SERVICE ADDRESS: _____

DIRECT CONTACT E-MAIL ADDRESS: _____

DIRECT CONTACT BUSINESS TELEPHONE: _____

BUSINESS OWNER: _____

HOME ADDRESS: _____

OIL COMPANY GRANTING FRANCHISE: _____

ADDRESS: _____

LICENSE FEES: 1st Pump = \$60.00 Additional Pump = \$8.00 each

***NOTE:** A multiple delivery pump shall be considered as one pump

NO. OF PUMPS: _____ **FEE REQUIRED: \$** _____

Do you have any outstanding debts or delinquencies on taxes or special assessments due to the city?

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Inver Grove Heights may from time to time prescribe.

Signature

Date

The following items are attached and shall be a part of this application (Check Off)

	Proof of Workers Comp Insurance Coverage	Certificate of Insurance covering the City's License Period OR State Continuous until Cancelled
	Service Station Holders Certification (Owners/Officers/Operating Manager(s))	Tax Clearance Information



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NEW OR TRANSFER OF SERVICE STATION LICENSE APPLICATION

New Service Station license applications must be received **at least 90 days prior to the desired license activation.** It is imperative that all the information requested below for your license is included in your application packet.

Check List of Required Documentation and Fees for Service Station

_____ Fee Payment (set by current fee schedule) - Current Annual License Fee is 1st Pump = \$60 plus \$8 for each additional pump

Application Package must contain:

- _____ City Application for License
- _____ Proof of Workers' Comp Insurance Coverage
- _____ Certificate of Insurance with City's Current License Period (ending Dec. 31 or state "Continuous until Cancelled)
- _____ Tax Clearance Information
- _____ Copy of Minnesota Department of Revenue Tax ID Form & Federal Tax ID Form
- _____ Trade Name Certificate from the Secretary of State and/or Foreign Corporation - Certificate of Authority
- _____ Articles of Incorporation, Partnership or LLC
- _____ Lease with Building Owner (if not the owner of the building)
- _____ Floor Plan & Plot Plan
- _____ Service Station Holders Certification (Owners/Officers/Operating Manager(s) - each person completing Personal History Package)

Personal History Information Package (EACH officer, director, partner with 5% or more interest, or board member etc. and the operating manager) must contain:

- _____ Personal History Statement - Part 2 (Signature must be notarized)
- _____ Tennessee Warning

Submitting Your Application

Once you have all the items on the checklist put together, along with payment for any applicable fees listed, make an appointment with the City Clerk (651-450-2513) or by emailing cityclerk@ighmn.gov to submit the license application and fees to City Hall.

Steps to Approval - Steps may happen concurrently

1. The Fire, Building Inspection, Community Development and Finance Departments will complete an investigation of the applicant and business structure.
2. City Clerk presents the license for approval by the City Council
3. The Service Station license from the City is issued to the applicant once approval from the City Council and all responsible departments and agencies is received and conditions are met.

Service Station License Renewal Process - Current Annual License Fee is 1st Pump = \$60 plus \$8 for each additional pump

An application packet for renewal is sent out to current Service Station holders in late September or early October every year. A letter with the packet will specify the renewal application due date, which is generally during the first week of November. **The renewal packet consists of forms that are required every year.** A new Certificate of Insurance with new coverage dates must be submitted as well as the license fees and annual investigation fee as noted in the letter with your renewal packet.

TITLE 4 - CHAPTER 5 - ARTICLE B. AUTOMOBILE SERVICE STATION

4-5B-1: DEFINITION:

The term "automobile service station" as used in this article, is defined as a place where gasoline, kerosene, or other motor fuel or lubricating fuel or grease for operating motor vehicles is offered for sale to the public and deliveries are made directly into motor vehicles, and shall also include places of business where minor repairs, incidental body and fender work, painting and upholstering, replacement of parts and motor services to passenger automobiles and trucks are furnished. This definition shall not include general repairs; vehicle washing; rebuilding or reconditioning of engines, motor vehicles or trailers; collision service, including body, frame or fender straightening or repair; overall painting or paint job; or vehicle steam cleaning. (1974 Code § 1103.01)

4-5B-2: LICENSE REQUIRED:

No person, firm or corporation shall engage in the operation of an automobile service station in the city without first securing a license to do so as provided herein. (1974 Code § 1103.03)

4-5B-3: APPLICATION FOR LICENSE:

Any person, firm or corporation desiring a license to operate an automobile service station shall file an application therefor with the city clerk on a form to be provided by the city, which application shall give the name of the applicant; the trade name, if one is used; the address of the premises and the name and address of the owner, if different from the applicant; also, the name and address of any oil company granting a franchise or lease for the operation of such station. In addition, the form shall require information as to the number of fuel pumps to be operated on the premises. (1974 Code § 1103.05)

4-5B-4: LICENSE FEE:

The license fee shall be based upon the number of fuel pumps to be used on the premises, whether for gasoline or diesel fuel, with the fee to be established by resolution of the city council. For the purpose of determining the fee, a multiple delivery pump shall be considered as one pump. The license fee shall accompany the application. If the application is denied, the fee shall be refunded. The license fee shall be paid by the service station owner or lessee. (1974 Code § 1103.09; and, 2008 Code)

4-5B-5: GRANT OR DENIAL OF LICENSE:

The application shall be granted and license issued by the city council unless inspection by city officials or employees indicates violations of city ordinances occurring on said premises. The council shall deny the application if it finds the operation is in violation of city ordinances or the conditional use permit granted for the premises, or that the operation of the station by the applicant has constituted a nuisance. (1974 Code § 1103.07)

4-5B-6: TERM OF LICENSE; FEE PRORATED:

The term of each license shall be for a calendar year or for the remainder of the calendar year after issuance therefor. If the license is granted for less than the entire calendar year, the license fee shall be prorated accordingly, with more than fifteen (15) days to be considered a full month and less than fifteen (15) days disregarded in such prorating. (1974 Code § 1103.11)

4-5B-7: NONTRANSFERABILITY OF LICENSE; CHANGE OF LOCATION:

Licenses shall not be transferable from one person to another, and a new license must be applied for each time a place of business is changed. (1974 Code § 1103.13)

4-5B-8: OPERATION REGULATIONS AND STANDARDS:

The following regulations are hereby established in the public interest to govern the operation of automobile service station licenses hereunder:

- A. Used oil cans, discarded auto parts, discarded tires and similar items of debris shall not be stored on service station premises, unless such items of debris are located in an enclosure and are completely out of public view. Such debris shall be removed from the premises at least once each week.
- B. No materials shall be burned on the premises of a service station.
- C. Tires for sale shall not be stored or displayed outside the service station structure, except: 1) in a display rack during business hours; or 2) in a permanent outside display container located in conformance with the setback requirements of this code and completely enclosable. Such container shall be closed when the station is not open for business.
- D. If approved by the council, all rental campers, trailers, or motor vehicles shall be stored or displayed only in the yard of the premises specifically designated on the site plan as submitted and approved. Unless the conditional use permit for the premises designates such storage or display area, the application shall state where the storage or display area is desired and shall include a site plan designating such area if required. (1974 Code § 1103.15)
- E. Service station premises shall not be used as a place of storage for wrecked, abandoned or junked automobiles. No motor vehicle in need of repair shall be stored on the premises of a service station for a continuous period of more than forty eight (48) hours, except when so stored pursuant to a city police department directive, or unless there is a bona fide delay in obtaining necessary parts for the repair of such vehicle, in which case, the city may grant the initial extension of time, subject to review by the council.
- F. No sales of motor vehicles shall be permitted on service station premises. (1974 Code § 1103.15; and. 2008 Code)
- G. If a service station is vacant for a period of more than thirty (30) days, the station shall be boarded up.
- H. If a service station is vacant for a period of three (3) months or more, the underground storage tank must be removed from the site, or placed temporarily out of service, in a manner acceptable to the fire marshal. Tanks may be placed temporarily out of service for a maximum of one year, after which they must be removed from the ground, except as provided for by the fire code.
- I. If just cause can be shown, subsections G and H of this section may be waived by the city council. (1974 Code § 1103.15)

4-5B-9: REVOCATION OF LICENSE:

Violation of any of the provisions of this article or of other applicable provisions of this code or violation of the terms of the conditional use permit governing a particular station shall be grounds for revocation of the license. If the council determines that there is apparent cause for revocation, written notice of a public hearing thereon shall be given to the holder of the license. Such notice shall include a statement as to the reasons for the proposed revocation. At such hearing, the license holder shall be permitted to give any explanation or evidence relevant to the matter of revocation, and if the council finds that there is reasonable cause therefor, the license may be revoked, and in such case, the license fee or unused portion thereof shall not be refunded. Revocation shall be in addition to such other penalties as may be incurred hereunder. (1974 Code § 1103.17)

Zoning Code - Check with Community Development for Zoning Regulations



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PERSONAL HISTORY STATEMENT FOR SERVICE STATION LICENSE - PART 2

DIRECTIONS: Each MANAGER, OWNER, PROPRIETOR OR OTHER PERSON with service station management/business responsibilities for the premises, must complete this form, including all persons who own or control an interest of the business more than 5%. The form must be filled out completely. Indicate if you are a sole proprietor, partner, corporation officer, association officer, board member or agent/manager in charge of premises. **YOU MUST PROVIDE THE FULL NAME, INCLUDING FULL MIDDLE NAME, (no initials) AND DATE OF BIRTH FOR EVERY PERSON LISTED.**

Name: _____
(Last) (First) (Full Middle)

Other names used (include alias, maiden names, and/or previous married names) _____

Date of Birth: _____ **Social Security #** _____

Place of Birth: (City) _____ (County) _____ (State) _____

Driver License # _____ **State of Issue:** _____

Name of Business (Doing Business As DBA): _____

Business Address: _____

Business Phone: _____

Position(s) you hold (check all that apply) **Owner/Partner etc.** **Operating Manager**

Current Address: Home:

(Street) (City) (State) (Zip)

Telephone # Home: _____ **Work:** _____

Cell Phone: _____

Email: _____

Past Residences: List of past residences in the last 10 years (list below) (attach additional sheets if necessary) CURRENT INFORMATION FIRST

Address	City	County	State	From & To (MM/YYYY)

Past Residences (Cont.)

Address	City	County	State	From & To (MM/YYYY)

PHYSICAL DESCRIPTION: (Please provide the following information)

HEIGHT: _____ WEIGHT _____ HAIR COLOR: _____ EYE COLOR: _____

Male Female

CITIZEN: U.S. Naturalized If Naturalized give date and place of Naturalization

Have you ever been in the Military? YES NO

If requested, you will be required to exhibit all discharges

CRIMINAL HISTORY:

	YES	NO
Have you ever been issued a citation, summons or ticket to appear in court?		
Have you ever been arrested or detained by any type of law enforcement?		
Have you ever been convicted of a crime?		
Have you ever been the subject of an indictment?		
Have you ever been pardoned for any criminal offense?		
Are you currently on trial or awaiting a trial, or waiting for sentencing?		

If "yes" to any of the above questions, provide the detailed information:

Date	City & State	Nature of Offense	Order of the Court

Have you been fingerprinted for any purpose? YES NO

If answered "yes" provide the following information (use additional sheets if necessary):

Date	Agency	Reason for Fingerprinting

PREVIOUS SERVICE STATION HISTORY AND LICENSES:

Have you ever been involved with manufacturing, distributing, or retail sales of petroleum products? (Include working in any portion of the petroleum industry)

YES NO

Have you had, within 5 years of this application, been convicted of a willful violation of federal, state law, or city ordinance governing petroleum products or **ANY** Felony Crime?

YES NO

If answered "YES", provide the following information (CURRENT INFORMATION FIRST - use additional sheets if necessary):

Date	Establishment	Type of License	City & State	Agency

PREVIOUS BUSINESS, OCCUPATION OR EMPLOYMENT: (Current information first) use additional sheets if necessary. Please provide the following information. This information is required for the last 10 years.

Position	Employer	Employer's Address	Employment Dates From - To (MM/YYYY)

OTHER LICENSES HELD (City, County, State, Federal) (use additional sheets if necessary)

	YES	NO
Have you ever failed to file Federal or State income tax records?		
Have you ever had a sale or use tax permit revoked?		
Have you ever had any other license or permit revoked, denied, or cancelled?		
Have you ever failed to submit reports or pay taxes to any government agency?		

Please explain below, IN DETAIL, any "YES" answers (use additional sheets if necessary)

FINANCIAL INTEREST IN OTHER PETROLEUM OR SERVICE STATION LICENSES:

Please indicate by answering the following questions whether you have financial interest in any other petroleum or service station license or business activity:

	YES	NO
Invested or loaned money, have an option to purchase, or have a contract for service to any other petroleum service station license holder.		
Have ownership interest in equipment being leased or otherwise provided to any petroleum or service station licensed facilities.		
Do you receive any revenue, payments, or money from any person who is involved in the activities listed in question above?		
Have you ever failed to submit reports or pay taxes to any government agency?		

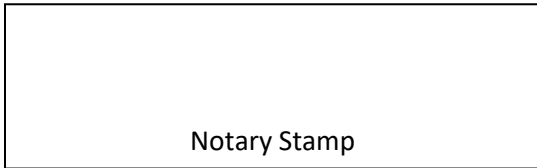
Please explain IN DETAIL all "YES" answers (use additional sheets if necessary):

I certify that all statements made by me in this document are true, complete, correct to the best of my knowledge and belief, and are made by me in good faith.

MUST BE SIGNED BEFORE A NOTARY

Signature

Date



Subscribed and sworn before me this _____ day of
_____, 20____

Notary Signature: _____

My Commission Expires on: _____

Service Station License Holders Certification



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Corp Name: _____
 Doing Business As: _____
 Contact Name: _____
 Service Address: _____

COPY AND USE ADDITIONAL SHEETS IF NECESSARY

All Owner(s)/Officer(s) (O) or Operating Manager (M) are required to complete a background release form. **Include a copy of the Driver's License FRONT & BACK**

Owner (O) or Operating Manager (M)	First Name (Legal)	FULL Middle Name	Last Name	DOB	Legal Address (NOT A POST OFFICE BOX)	Social Security #

I hereby swear and affirm under the penalties of perjury that all of the information provided above is true and correct.

Signature of License Holder _____

Print Name _____

Date _____



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**MINNESOTA GOVERNMENT DATA PRACTICES ACT
"TENNESSEN WARNING"**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

- 1) Data submitted by applicants (other than names and designated addresses).
- 2) Orders for hearing and findings of fact.
- 3) Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
- 4) Entire record concerning the disciplinary proceeding.
- 5) License numbers.
- 6) License status.

The following data collected, created, or maintained is classified as **Private**: (13.41, Subd..2).

- 1) The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
- 2) The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
- 3) Inactive investigative data relating to violations of statutes or rules.
- 4) The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created, or maintained is classified as **Confidential**:(13.41, Subd. 3).

- 1) Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order, and City officials who have a bona fide need for it. The City of Inver Grove Heights may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

_____ Date _____
Signature of Applicant

_____ Business Name: _____
Print Name



Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the 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 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
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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.)
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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 Inver Grove Heights	State MN	ZIP code
County United States	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; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance)
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
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TAX CLEARANCE INFORMATION

TO LICENSE APPLICANT:

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.**

LICENSING AUTHORITY: **City of Inver Grove Heights** LICENSE RENEWAL DATE: _____

BUSINESS INFORMATION:

Business Name (Doing Business As): _____

Business Address: _____

Business Telephone No: _____

Email: _____

(See also License Holders Certification for other detailed information on owners/officers/operating managers)

ALL APPLICANTS:

Applicant agrees that any manager employed in the licensed premises will have all qualifications of a licensee and that the manager will not violate any city or state laws.

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, Director, Partner, etc.) _____

Print Name _____

Date _____

FOR USE BY THE CITY OF INVER GROVE HEIGHTS ONLY

Building Inspection Report

This is to certify that the building listed herein has been inspected and meets all building code requirements.

Building Official Signature _____

Title: **BUILDING OFFICIAL**

Fire Inspection Report

This is to certify that the building listed herein has been inspected and meets all fire code requirements.

Fire Department Signature _____

Title: **FIRE MARSHAL OR FIRE CHIEF**

Community Development Report

This is to certify that the building listed herein zoned for this use and meets all Community Development zoning and planning requirements.

Signature _____

Title: **COMMUNITY DEVELOPMENT DIRECTOR OR PLANNER**

City Clerk Report

I have examined the foregoing application and have found it to be complete and the application may approved.

Signature _____

Title: **CITY CLERK**