



**CITY OF CHASKA**  
 1 City Hall Plaza  
 Chaska, MN 55318  
 (Phone) 952-448-9200 (Fax) 952-448-9300  
[www.chaskamn.gov](http://www.chaskamn.gov)

## APPLICATION FOR GAMES OF SKILL LICENSE

**Fees: \$16 per location and \$16 per coin-operated device.**

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

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

City/State/Zip: \_\_\_\_\_

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

Name of Licensed Establishment: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Description of Premises: \_\_\_\_\_

Business Conducted at this Premises: \_\_\_\_\_

Name of Proprietor: \_\_\_\_\_

For the purposes of this application, "coin-operated" devices for games of skill shall be defined as follows: "Any machine or device which, upon insertion of a coin, token or slug, operates the device or for the use thereof a fee is charged and the devices may be operated by the public generally for use as a game, entertainment or amusement." Said term shall include pinball machines, pool, billiards, foosball, motion picture devices, video games, jukeboxes or any other such mechanical or electronic games or devices. After the application has been approved by the City Council, the City Clerk shall issue a license specifying the establishment name, location, number and type of machines allowed at said establishment.

**List below each Game of Skill to be licensed at this location (list add'l on reverse side):**

Game Type _____	Description _____	Cost to Play _____
Game Type _____	Description _____	Cost to Play _____
Game Type _____	Description _____	Cost to Play _____
Game Type _____	Description _____	Cost to Play _____
Game Type _____	Description _____	Cost to Play _____
Game Type _____	Description _____	Cost to Play _____

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

Name of Applicant \_\_\_\_\_

**List below each additional Game of Skill be to licensed at this location:**

Game Type	_____	Description	_____	Cost to Play	_____
Game Type	_____	Description	_____	Cost to Play	_____
Game Type	_____	Description	_____	Cost to Play	_____
Game Type	_____	Description	_____	Cost to Play	_____

**Please return this completed application, along with the applicable fees, to the attention of:**

City of Chaska  
Attn: Licensing  
One City Hall Plaza  
Chaska MN 55318

If you have any questions or concerns, please call 952-448-9200.

**NOTE:** *All permits expire on December 31 of the year applied for.*





City of Chaska

**CERTIFICATE OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

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 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. This information will be collected by the City and retained in the files.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

**NUMBER 1 – Complete if insured by business:**

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.		

**NUMBER 2 – Complete if self-insured:**

- I have attached a copy of the permit to self-insure.

**NUMBER 3 – Complete this portion if exempt:**

*I am not required to have workers' compensation liability coverage because:*

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

\_\_\_\_\_

- Other: \_\_\_\_\_

\_\_\_\_\_

**ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:**

***I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.***

Applicant Signature	Title	Date
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