



**CITY OF CHASKA
APPLICATION FOR GAMES OF SKILL LICENSE**

Name of Applicant _____

Street Address _____

City/State/Zip _____ Phone _____

Social Security No. * _____ MN State Tax ID No. * _____

Name of Licensed Establishment _____

Street Address _____

City/State/Zip _____ Phone _____

Description of Premises _____

Business Conducted at this Premises _____

Name of Proprietor _____

The owner or proprietor shall pay annual license fee of \$16 per location as well as \$16 per coin-operated device. 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, poll, 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 _____
Game Type _____	Description _____	Cost to Play _____

Date _____ Signature of Applicant _____

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 _____

NOTE:

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 1971, 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 return this completed application, along with the applicable fees, to the attention of:

City of Chaska
Attn: Senior Clerk
One City Hall Plaza
Chaska MN 55318

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