



**CITY OF CHASKA**  
 1 City Hall Plaza  
 Chaska, MN 55318  
 (Phone) 952-448-9200 (Fax) 952-448-9300

**APPLICATION FOR GAMES OF SKILL LICENSE**

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

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

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

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

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

Social Security No. \_\_\_\_\_

MN State Tax ID No. \_\_\_\_\_

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

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

City/Sate/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, 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 _____

\_\_\_\_\_  
 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	_____

**NOTE:**

Pursuant to Minnesota Statute 270C.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: 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.*