

Business Registration Application

All businesses with the intent to operate in the City must first complete a Business Registration Application thirty (30) days prior to occupancy.



201-1st Street N.

P.O. Box 126

Winsted, MN 55395

Main (320) 485-2366

Fax (320) 485-2858

Instructions:

1. Print legibly or type.
2. Complete the entire application.
3. Do not leave any lines blank. Use "N/A" if it is "not applicable" to your business.
4. Sign and date the completed application.
5. Send completed application and fee to the address indicated on the form.

Year: _____

Choose: **New Business (Fee: \$60)** **Home Occupation ***

*Home occupations are not required to register their business. However, registered home occupations will be listed on the City business listing that is available to the public. Application fees still apply.

LOCAL CONTACT INFORMATION

Name of Business: _____ Business Type: _____

DBA: _____

Business Address: _____ Suite #: _____

Mailing Address (only if different): _____

Business Phone: _____ Fax: _____

Previous Occupant: _____ Hours of Operation: _____

Do you have an Automated External Defibrillator (AED) on site? Yes No If yes, how many? _____

What brand AED? _____

PRIMARY BUSINESS CONTACT PERSON

Name: _____ Daytime Phone: _____

Title: _____ Email: _____

KEY HOLDER CONTACT INFORMATION

(After hours emergency contacts) Please list 3 contact names in the order they should be contacted.

Name 1: _____ Name 2: _____

Home Phone: _____ Home Phone: _____

Cell/Pager: _____ Cell/Pager: _____

Name 3: _____

Home Phone: _____

Cell/Pager: _____

(Complete BOTH sides)

PROPERTY INFORMATION

PROPERTY OWNER

Name: _____ Phone # _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

MANAGEMENT GROUP

Name: _____ Phone # _____

Address: _____ Suite: # _____

City: _____ State: _____ Zip: _____

ON SITE HAZARDS

| | Amount | Type | Storage Location |
|-----------------------|--------|------|------------------|
| Hazardous Materials | | | |
| Explosives/Ammunition | | | |
| Fire Arms/Weapons | | | |

ALARM & SECURITY SYSTEM INFORMATION*

Alarm Company: _____ Dispatch phone #: _____

Type of Alarm System: _____
(Examples: Water Flow, Burglar, Glass Break)

**** Please Note:** The Police Department may impose a civil penalty after the 3rd false alarm in a calendar year. ******

SIGNATURE REQUIRED

I hereby certify that the above information is accurate. In the event that the above information should change I will notify the City of Winsted within 30 days of said change. I understand that the application fee is non-refundable. I also understand that it is my responsibility to obtain all other permits or licenses required by the City of Winsted in accordance with Winsted Municipal Code and any other applicable regulatory agencies.

Signature

Printed Name

Date

Application Return Information

Return completed application and fee to:

City of Winsted
 Attn: City Administrator
 201-1st Street N.
 P.O. Box 126
 Winsted, MN 55395

----- CITY OFFICE USE ONLY -----

Date: _____ PYMT \$ _____ Check # _____

Planning: With Conditions Without Conditions

Building: With Conditions Without Conditions

Entered:

02/2025