

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable) _____

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent) _____		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION 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 insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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 (mandatory)	TITLE	DATE
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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.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
 Telephone 651-296-6979 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
 (former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale
 Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
 (corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____

Licensee's Federal Tax ID # _____ (To Apply call 651-296-6181)
 (To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
(Partner/Officer Name (First Middle Last))	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
 (title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-215-6209, or visit our website at www.dps.state.mn.us.



RESTRICTED HOURS OF OPERATION

Restricted Hours of Operation for "On Sale" Intoxicating Liquor Establishments

a) Monday through Saturday	No sales between 2:00 a.m. and 8:00 a.m.
b) Sunday	No sales after 2:00 a.m., except establishments having a "Special License for Sunday Liquor Sales" may sell between the hours of 10:00 a.m. Sunday and 2:00 a.m. Monday.
c) Holidays	No sales between 8:00 p.m. on December 24 and 8:00 a.m. on December 25.

Note: No licensee may sell intoxicating liquor or 3.2 percent malt liquor on-sale between the hours of 1:00 a.m. and 2:00 a.m. unless the licensee has obtained a permit from the commissioner per Minnesota Statutes 340A.504 subd. 7.

Restricted Hours for "Off Sale" Intoxicating Liquor Establishments

a) Sunday	No off sale
b) Monday through Saturday	No off sale before 8:00 a.m. and after 10:00 p.m.
d) Holidays	No off sales on Thanksgiving Day and Christmas Day or after 8:00 p.m. on December 24.

Note: Off Sales may be open on Election Day, New Years Day, 4th of July, Labor Day, and Memorial Day unless otherwise prohibited by subsection (a) of this section

Restricted Hours for "Beer" License Holders

Hours of Operation are same as those for Intoxicating Liquor	Per city code 10-19
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To: Liquor License Holders and Insurance Agents

CERTIFICATES OF INSURANCE

The following liability coverages are necessary for liquor license renewals. The New Hope City Attorney reviews the certificates of insurance and frequently there are questions regarding the automobile liability coverage and the cancellation language. This information is provided in an attempt to address these problems and you may wish to share it with your insurance carrier.

- a) General Liability*
- b) Automobile Liability (all "Owned Autos" must be marked; if applicant has no owned autos a signed statement indicating such is necessary, i.e. "we do not own any automobiles and if any are acquired within the next year they will be covered under the policy").
- c) Liquor Liability/Dram Shop (specify \$300,000 coverage rather than "meets statutory requirement"). Coverage must be effective for entire license period/calendar year (§340A.409) or "liquor liability coverage continuous unless cancelled" must be specified and written notice provided to the city.
- d) Workers Compensation Insurance

*Minimum Policy Limits - with the exception of workers compensation, all insurance coverages shall be a minimum amount of \$300,000 per person and \$300,000 per occurrence - per city code 10-57(2).

Certificates of insurance should be mailed to:

New Hope City Clerk
4401 Xylon Avenue North
New Hope, MN 55428

phone: (763)531-5117 Valerie Leone, City Clerk
(763)424-8811 Steve Sondrall, City Attorney
FAX: (763)531-5136