

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
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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.

SEASONAL FARM PRODUCE

Sales Permit Application

Business Name:	Dates of Operation Maximum 90 Days: _____ to _____
Sale Address:	
Sales Operator's Name:	Date of Birth:
Street Address:	
City/State/Zip:	
Phone Number(s):	

Property Owner:
Home Address:
City/State/Zip:
Phone Number:

Property Owner's Approval Signature: _____

Date: _____

"I, the Sales Operator, have read and possess a copy of New Hope Ordinance 8.31, which spells out the rules for seasonal farm produce sales. I certify that I and my employees will comply with all such rules. I have attached the required Site Plan, photo (kiosk & vehicle), evidence of insurance, sign drawings and fee."

Applicant Signature: _____ Date: _____

For City Use Only:

Date Received:			Special Instructions:
Application Complete	Yes	No	
Site Plan Submitted	Yes	No	
Structure Photo Submitted	Yes	No	
Sign Drawing Submitted	Yes	No	
\$100 Fee Submitted (Revenue Code 3235)	Yes	No	
Proof of Insurance	Yes	No	
Copy Submitted to Admin	Yes	No	

Approved
 Denied
 Building Official Signature: _____

Forward a copy of the application, workers' comp form, MN tax id form, and payment to Business License Clerk. Upon approval by the City Council, a business license will be mailed to the applicant to be displayed at the site.