

## APPLICATION FOR BUSINESS LICENSE

CITY OF NEW HOPE 4401 Xylon Avenue North New Hope, MN 55428 Phone 763-531-5118 Fax 763-531-5136

	DI BUSINI	ESS BEING LICENSED (dba):		
BUSINESS ADDRESS: CITY/STATE/ZI			ZIP:	
BUSINESS PHONE: BUSINESS FAX:			FAX:	
CORPO	RATION N	NAME, IF APPLICABLE:		
			ZIP:	
CORPC	RATION F	PHONE: F	FAX:	
IF COR	PORATIO	N, LIST NAMES & ADDRESSES OF ALL OFFICERS:		
PLEASI	E MAIL AL	LL CORRESPONDENCE, INCLUDING LICENSE TO:	S ADDRESS D BUS	SINESS LOCATIO
J		APPLICATION BEING MADE FOR TYPE OF LICENSE:	EACH	TOTAL
	3408	Tattoo Establishment Investigation	\$400.00	
		Tattoo Establishment	\$300.00	
	4115	Refuse Hauling - First Truck	\$100.00	
		Each Truck Thereafter	\$40.00	
	4120	Bowling Alley, Each Lane	\$15.00	
	4125	Second-hand Dealer/Thrift Store	\$300.00	
	4125	Self-Service/Coin-Operated Laundry	\$50.00	
	4125	Pinball, Games Of Skill, Video Games:		
		Location	\$15.00	
		Plus Fee Per Each Machine	\$15.00	
	4130	Cigarette, Tobacco Products	\$250.00	
	4140	Oil, Gasoline, Diesel Fuel, Liquefied Petroleum:		
		Gasoline Station	\$50.00	300 to 100 to 10
		- Each Hose, Same Location	\$5.00	***
	4140	Non-Commercial Pumps NOT DISPENSED TO PUBLIC		
	-	- First Hose	\$10.00	
		- Each Additional Hose, Same Location	\$1.00	
	4140	Car Wash	\$50.00	100
	4145	Storage of Trucks	\$40.00	
	1150	Must obtain conditional use permit. Maximum of three vehicles.		
	4150	3.2% Beer	\$500.00	
	1	On-Sale Off-Sale	\$100.00	
	11.00		\$100.00	
	4160	Outdoor Sales of Seasonal Farm Produce, Christmas Tree Sales	\$100.00	
	4165	Lawn Fertilizer - First Truck - Each Truck Thereafter	\$25.00	
	4170	Fireworks	\$100.00	
	41/0	FIFEWORKS	\$100.00	

# Certificate of Compliance Minnesota Workers' Compensation Law

### THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

### 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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 a	all times by employers as required by	law.
LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole prothe legal name of the business entity.)	prietor or partnership (i.e., John Doe, or John [	Doe and Jane Doe), otherwise it is
DBA ("doing business as" or also known as an assumed name) (if app	olicable)	
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	
YOUR LICENSE OR CERTIFICATE WILL N FOLLOWING INFORMATION. You must c	omplete number 1 or 2 be	elow.
NUMBER 1 – Workers' compensation insumurance COMPANY NAME (not the insurance agent)	irance policy information	NAIC Number
INSURANCE COMPANT NAME (not the insurance agent)		NAIC Number
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
NUMBER 2 – Reason for exemption from		
If you have questions regarding the need to obtain workers' co 651.284.5032 or 1-800-342-5354.	mpensation coverage, including exem	iptions, contact
☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 fe	or the definition of an employee.)	
I am self-insured for workers' compensation (attach a copy	of the authorization to self-insure from	the Minnesota
Department of Commerce).  I have employees but they are not covered by the workers'	componentian law (See Minn, Stat &	176 041 for a list of
excluded employees.) Explain why your employees are not		170.041 IOI a list of
Other:		
I certify that the information provided on this form is accurate and comauthorized to sign on behalf of the business.	plete. If I am signing on behalf of a busine	ess, I certify that I am
PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.



#### TAX IDENTIFICATION

#### NOTICE

Pursuant to laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (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 1974, 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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes.
- 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 LICENSE ISSUANCE OR RENEWAL APPLICATION.

Please supply the following information and return	along with your application to the licensing	authority.
Business Owner's Last Name	Business Owner's First Name	Middle Initial
Address of Business Owner	City, State, Zip C	Code
Social Security Number of Business Owner	Position (Officer, Par	tner, etc.)
Business Name		
Business Address	City, State, Zip Code	
Minnesota Tax Identification Number	Federal Tax Identification Numb	er
Signature	Date	