



# 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 all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

## **NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

## **NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for 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' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: \_\_\_\_\_

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.

**PRINT NAME**

APPLICANT SIGNATURE (required)	TITLE	DATE
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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.

# 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.