



City of Mendota Heights

OFFICE OF CITY CLERK

APPLICATION FOR _____ LICENSE

NEW _____ RENEWAL _____

I, _____ hereby apply for a license for the term of one year in the City of Mendota Heights, Dakota County, State of Minnesota.

Firm Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Telephone #: (____) _____ Fax #: (____) _____

Is this a firm, corporation, or partnership of private ownership? (Please circle one)

Officers: President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

What cities have you been licensed in: _____

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations of the Council of the City of Mendota heights may from time to time prescribe.

Date of Application: _____ Signed: _____

For office reference only:

License fee paid: _____ Amount: _____ Receipt # _____

Certificate of Insurance: Expires: _____ Amount of Insurance: _____

**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance of renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their file.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

OR

I am not required to have workers' compensation liability coverage because?

- () I have no employees
- () I am self insured (include permit to self-insure)
- () I have no employees who are covered by workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: (____) _____

Signature: _____
Date: _____

