

2. 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.

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|---|-------------|------------------------------------|------------|---------------------|
| Applicant's name (LAST, first, middle initial) | | Social Security Number | | |
| Home address | City | State | Zip | Phone number |
| Business name | | Type of license applied for | | |
| Business address | City | State | Zip | Phone number |
| MN Tax ID Number (or explain why you don't have one) | | Federal Tax ID Number | | |

Workers' Compensation Insurance Coverage Law

Minnesota Statute 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 Section 176.181, Subd. 2. 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 put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2. 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 and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers' Compensation Insurance Company Name (not agent's name) Policy Number

OR, I certify that I am not required to carry workers compensation insurance because (check one)

- I am the sole proprietor and have no employees
- I am self insured (For this category, you must include a copy of the permit to self-insure)
- I have no employees who are covered by workers compensation law.

LIABILITY INSURANCE – MUST PROVIDE CERTIFICATE OF INSURANCE AND:

The City of Mound shall be named and the insurance provided shall include the City as an additional party insured and be for the amounts stated in Chapter 38, Article IV of the City Code. Said policy shall provide that it may not be cancelled by the insurer except after fifteen (15) days' written notice to the City, and if such insurance is so cancelled and the licensee shall fail to replace the same with another party conforming to the provisions, said license shall be automatically suspended until such insurance shall be replaced.

BACKGROUND CHECK

The City, prior to the granting of an initial or renewed secondhand dealer license, must conduct a criminal background investigation of the applicant. The applicant and any person having beneficial interest in the license will be investigated. The investigation shall be conducted by the Police Department. Before the investigation is undertaken, the applicant and all persons having a beneficial interest in the license must authorize the Police Department in writing to undertake the investigation for and to release the information to the City Council, City Manager, and other City staff as appropriate. By signing below, the applicant acknowledges that s/he is aware and responsible for completing the required criminal background investigations by the Mound Police Department pursuant to City Code Subsection 38-332. Applicant understands that failure to supply this information may jeopardize or delay the processing of the license issuance or renewal. **A Tennessee Warning and General Authorization and Release Form related to the secondhand dealers license application are attached to this application. Every person having a beneficial interest in the license needs to complete both forms and submit the signed originals which will be provided to the Police Department before the criminal background investigation(s) can be undertaken.**

I certify that all information provided is accurate and complete. I also certify that required workers' compensation and liability insurance policies are in place and will be kept in effect at all times, as required by law. I also acknowledge receipt of City Code Chapter 38, Article VI SECONDHAND GOODS DEALERS and understand and will comply with its contents.

Signed: _____ Date: _____

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| Cc: Mound Planning Department Mound Police Department | _____ City Manager (or designee) |
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