

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.

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	
Minnesota Tax Identification 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.

I certify that all information provided is accurate and complete. I also certify that a valid workers' compensation policy will be kept in effect at all times, as required by law. I also acknowledge receipt of Chapter 38, Article IV – Tree Removal and Treatment Contractors, and understand and will comply with its contents.

Signed: _____ **Date:** _____