

SECTION E. HISTORY

List the most recent three (3) locations where business has been conducted:

<u>Type of Registration / License</u>	<u>License Number</u>	<u>Issuing Agency</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has this business ever had a registration / license denied, suspended, or revoked? No Yes - if yes, please complete below.

<u>Type of Registration / License</u>	<u>Issuing Agency</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has any employee, owner or officer of the business or corporation, or the business as an entity, been charged with any violation of law or ordinance related to the operation of the business? No Yes - if yes, please complete below.

<u>Name</u>	<u>Offense</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has any employee, owner or officer of the business or corporation, or the business as an entity, been charged with any violation of **any other** law or ordinance not related to the operation of the business? No Yes - if yes, please complete below.

<u>Name</u>	<u>Offense</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Signature: _____

Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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 number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

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

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

LICENSING / REGISTRATION PROCESS

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department. The Licensing Point of Contact person listed on the application will be notified by City Staff of application status within two to four weeks of application submittal date.

APPLICATION CHECKLIST

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. Incomplete applications will be returned.

AP - Applicant check list, CTY - City check list

AP CTY MATERIALS

- Application**
- Tennessee Warning and Informed Consent Form**
- MN Worker's Compensation Certificate of Compliance Form**
- State Issued ID / Driver's License - Must have a current address.**
- Insurance - Attach a current copy of certificate of liability insurance showing worker's compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.**
- Additional Documents:**
 - Tennessee Warning and Informed Consent Form - Anyone that would be conducting business from door to door must complete a release form and attach a copy of their current state issued ID card.**
- Fees:**
 - Solicitor Registration Fee - \$0**
 - Peddler License Fee - \$157.50**
 - Transient Merchant Fee - \$157.50**
- Checklist - read, check off list, sign, and date.**

I hereby certify that I have received and read a copy of the city ordinance. I understand the licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my forms are incomplete, my license application will be returned.

Signature:

Date

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at <http://www.ci.oakdale.mn.us/450/Licenses-Permits>

Thank you for doing business in Oakdale!



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