APPLICATION FOR LICENSE

City of Crystal
4141 Douglas Drive N, Crystal, MN 55422
Telephone: (763) 531-1000 / Facsimile: (763) 531-1188
Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

Applicant's Name:	Fee:* (0100-4125)	$100.00
Home Address:	Home Phone: ( )	
City/State/Zip:	Cell Phone: ( )	
Business Name:	Business Phone: ( )	
Doing Business As:	Fax Phone: ( )	
Business Address, including zip code:		
MN Tax ID #: **(NOTE: you must provide a copy of the confirmation letter from the State.)**	Federal Tax ID #:	
If a Minnesota Tax ID number is not required, please explain here and provide your social security number:		

I enclose the sum of one hundred and 00/100 dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **ENGAGE IN A SIGN-HANGING/BILLBOARD ERECTOR BUSINESS** in the City of Crystal for the period _____ through April 30, 20____, subject to all conditions and provisions of said Ordinance.

ADDITIONAL REQUIREMENTS

1. $5,000 Bond
2. Certificate of Insurance (100/300/100)

The information in this Application For License is true and complete to the best of my knowledge.

_____ _____

Signature of Applicant ***Date***

*Fee: *If exempt, fill out Licensing Fee Exemption Form*

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennessen Warning)

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

(ALSO FILL OUT REVERSE SIDE OF THIS FORM.)

City Use Only: JDE#_____ Date Entered: _____

PIMS ID#_____ Council Date: _____

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Certificate of Compliance
Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. Sec. 176.041 for a list of excluded employees.) Explain why your employees are not covered:_____

☐ Other:_____.

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the City of Crystal by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.