

City of St. Paul Park
600 Portland Ave.
St. Paul Park, MN 55071
(651)-459-9785

Fee: \$300.00

CITY OF ST. PAUL PARK
CITY LICENSE APPLICATION – OPERATE WRECKING AND/OR JUNK YARD

PLEASE PRINT OR TYPE

Date: _____ (Check One) New _____ Renewal _____

Business Name: _____ Bus. Phone No. _____

Business Address: _____
Street City, State, Zip

Minnesota Tax ID OR Social Security # _____

Applicants Full Name: _____

Applicants Home Address: _____
Street City, State, Zip

Signature _____ Applicants Title: _____

NOTE: Licensing fee is \$300.00, which must accompany application form. A copy of your "Certificate of Insurance" is also required along with application, with minimum of \$100,000 for injuries, including accidental death to any one person; \$300,000 on account of any one accident; and \$50,000 for damage to property. Attached Workers' Compensation form must also be completed and submitted with application.

(APPLICATION ACCEPTED ONLY WHEN ALL REQUIRED FORMS ARE COMPLETE AND RECEIVED)

CITY LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

(Office Use)

Fee Received _____

Certificate of Insurance Verified

Zoning Regulations Verified

Fire Inspection

Better Business Bureau

Approved _____ Rejected _____

Approved _____ Rejected _____

Approved _____ Rejected _____

Approved _____ Rejected _____

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FIRE DEPARTMENT PERMIT APPLICATION

| | | |
|------------------------|-------------------|----------------------|
| Date: _____ | Receipt No: _____ | Fee: \$ <u>50.00</u> |
| Title of Permit: _____ | | |

| | |
|-----------------------|------------------------|
| Business Name: _____ | Contractor Name: _____ |
| Address: _____ | Address: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Business Phone: _____ | Phone: _____ |
| | License #: _____ |

Describe briefly what is to be done and state what hazardous materials are to be used:

Valuation: \$ _____

Complete plans and construction details must be filed on all major projects and when requested by the Fire Prevention Bureau.

Applicant's Full Name: _____

Applicant's Signature: _____

Applicant's Title: _____

Approved _____ Not Approved _____ Date: _____

Inspector, Fire Prevention Bureau

**Certificate of Compliance
Minnesota Workers' Compensation Law**

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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 NO (if applicable) | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO. |
|---|------------------------|-------------------|

| |
|---|
| BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) |
|---|

| |
|--|
| DBA ("doing business as" or also known as an assumed name) (if applicable) |
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| | | | |
|---|----------------|-------|----------|
| BUSINESS ADDRESS (must be physical street address, no PO boxes) | CITY | STATE | ZIP CODE |
| COUNTY | E-MAIL ADDRESS | | |

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

NUMBER 1 – Workers' compensation insurance policy information

| | | |
|--|----------------|-----------------|
| INSURANCE COMPANY NAME (not the insurance agent) | NAIC Number | |
| POLICY NO. | EFFECTIVE DATE | EXPIRATION DATE |

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

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.

| |
|------------|
| PRINT NAME |
|------------|

| | | |
|--------------------------------|-------|------|
| APPLICANT SIGNATURE (required) | TITLE | DATE |
|--------------------------------|-------|------|

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.