

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

Fee: \$50.00

**CITY OF ST. PAUL PARK
GARBAGE COLLECTOR'S CITY LICENSE APPLICATION
RUBBISH ONLY (CONSTRUCTION DUMPSTERS)**

PLEASE PRINT OR TYPE

Date: _____ New _____ Renewal _____

Business Name: _____ Applicants Full Name: _____

Address: _____ Applicants Address: _____

City/State Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Minnesota Tax ID OR Social Security # _____

Applicants Signature: _____ Title: _____

NOTE: Licensing fee is \$50.00 and must accompany application. *Current* Certificate of Insurance is required, minimum of \$200, 000 for death by wrongful act or omission and \$200,000 to any claimant in any other case; \$600,000 for claims arising out of a single occurrence; \$200,000 for property damage arising out of a single occurrence. All certificates shall name the city as certificate holder and shall provide for a minimum of 15 days notice to the city prior to cancellation before the expiration date.

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

LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

(Office Use):

Fee Received _____

Application Zoning Regulations Check

Approved

Rejected

Insurance Verification

Approved

Rejected

Better Business Bureau

Approved

Rejected

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.
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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)

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
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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.