

CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall ● 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500 Fax (218) 730-5923

FOR OFFICE USE ONLY
DATE
LICENSE #

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign and submit all pages to the address above.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

BREEDING KENNEL LICENSE (see choices below for fee amount)		FEE ENCLOSED
2-5 animals (\$83.00)		
OR 6-11 a	nimals (\$132.00 ₎	\$
OR 12 or more animals (\$298.00)		
ICENSEE BUSINESS NAME & ADDRESS	TRADE NAME:	
	BUSINESS PHON	E:
MANAGER'S NAME, ADDRESS & PHONE NO.	OWNER OF BUSI	NESS PREMISES:
	LICENSE PERIOD	: JANUARY 1 TO DECEMBER 31
¢2 000 CORRODATE SURETY	WORKERS COMP	PENSATION COMPANY
\$3,000 CORPORATE SURETY BOND REQUIRED	NAME:	
	POLICY NO.	
	EXP. DATE	
HEREBY STATE THAT ALL INFORMATION HERE WITH ALL PROVISION OF THE ORDINANCES OF TMINNESOTA AND THEIR AMENDMENTS.		
MAILING ADDRESS:		Ciamatura of Applicant
	;	Signature of Applicant

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 a	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 pro the legal name of the business entity.)	prietor or partnership (i.e., John Doe, or John [Doe and Jane Doe), otherwise it is
DBA ("doing business as" or also known as an assumed name) (if app	olicable)	
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	
YOUR LICENSE OR CERTIFICATE WILL N FOLLOWING INFORMATION. You must c NUMBER 1 – Workers' compensation insu	omplete number 1 or 2 be	elow.
INSURANCE COMPANY NAME (not the insurance agent)	nance poncy information	NAIC Number
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
NUMBER 2 – Reason for exemption from v		
If you have questions regarding the need to obtain workers' core 651.284.5032 or 1-800-342-5354. I have no employees. (See Minn. Stat. § 176.011, subd. 9 for I am self-insured for workers' compensation (attach a copy Department of Commerce). I have employees but they are not covered by the workers' excluded employees.) Explain why your employees are not	or the definition of an employee.) of the authorization to self-insure from compensation law. (See Minn. Stat. §	the Minnesota
Other:		
I certify that the information provided on this form is accurate and comauthorized to sign on behalf of the business.	plete. If I am signing on behalf of a busine	ess, I certify that I am
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.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
- 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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or rene	wed:		
Licensing authority:	City of Duluth, St. Louis County, Minnesota		
License renewal date:			
	Personal Information (if applicable)		
Applicant's Name:	- 		
Applicant's Address:			
Social Security Number:			
	Business Information (if applicable)		
Business Name:			
Business Address:			
Minnesota Tax Identificatio	n Number:		
Federal Tax Identification N	Number:		
If a MN Tax I.D. is not requ	iired, please explain:		
Signature	D	ate	

		BOND NO
	CORPORATE SURETY BON	D FOR:
Pet Shop	Grooming Shop	Dog or Cat Breeding Kennel
Boarding Kennel	Animal Shelter (Select appropriate one)	Nuisance Wildlife Removal Business
CITY OF DULUTH	ST. LOUIS COUNTY	STATE OF MINNESOTA
KNOW ALL MEN BY THI	ESE PRESENTS:	
THAT		
	(Name)	
as Principal, and	(Name of Sur	retv)
or any veterinarian suffering fir such veterinarian who is assistifacility or is caring for any ill or for the payment of which, well heirs, executors, administrator THE CONDITION of the granted a license pursuant to NOW, THEREFORE, it of Duluth of State of Minnesotathe City of Duluth to investigate removed by the animal control remain in full force and effect. This bond shall be effested in the City of Duluth of State of Minnesotathe City of Duluth to investigate removed by the animal control remain in full force and effect. This bond shall be effested in the city of Duluth to investigate removed by the animal control remain in full force and effect.	nancial loss due to the Principal's failing the animal shelter control officer in injured animal removed from Principand truly to be made, we bind ourselves, successors and assigns, firmly by the above obligation is such that WHI Article VIII of Chapter 6 of the Duluth of said principal shall conduct its operate, and if the Principal shall pay when eanimal cruelty complaints at Principal officer from Principal's facility, then the conduct and run concurrently with the performance of the principal shall pay when the conduct of the principal shall pay when the confider from Principal's facility, then the conduct and run concurrently with the performance of the principal shall pay when the performance and run concurrently with the performance of the principal shall be principal.	EREAS the said Principal is about to be City Code, 1959. tion in conformity with the laws of the City due all bills of veterinarians secured by al's facility or to treat ill or injured animals his obligation shall be void; otherwise to riod of the aforesaid license from the date
Signed this	day of	, 20
Signed, sealed and delivered in the presence of: (as to Principa	l)	
		Principal

Countersigned by _____ Minnesota Resident Agent (If required)

(as to Surety)

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL)

COUNTY OF ST. LC	,	00	
On this	day of	, 20, before me personally appeared	
the person described in a executed the same as his		to me known to be regoing bond as Principal, and acknowledged that he/she	
(Notarial Seal)	Notary Public, St. Louis County, Minn. My Commission expires		
ACKI	NOWLEDGMENT C	F PRINCIPAL (PARTNERSHIP)	
STATE OF MINNES COUNTY OF ST. LC			
On this	day of	, 20, before me personally appeared	
	and who executed the	to me known to be foregoing bond as partners, and acknowledged that they as the free act and deed of the partnership named in said	
(Notarial Seal)	Notary Public, St. Louis County, Minn. My Commission expires		
ACKN	NOWLEDGMENT O	F PRINCIPAL (CORPORATION)	
STATE OF MINNES COUNTY OF ST. LC			
On this	day of	, 20, before me personally appeared	
	and	, to me personally known,	
who being by me duly sw	orn, did say that they ar	e the	
affixed to the foregoing	instrument is the corpo corporation by authority	of the corporate principal above named, that the seal rate seal of said Principal, and that said instrument was of its board of directors and said officers acknowledged said rporation.	
(Notarial Seal)		Notary Public, St. Louis County, Minn. My Commission expires	

ACKNOWLEDGMENT OF CORPORATE SURETY

STATE OF MINNESO COUNTY OF ST. LO		
On this	day of	, 20, before me personally appeared
		who, being by me duly sworn
deposes and says that he	is the Attorney-in-Fac	t of the corporation which executed the foregoing bond as
Surety, and that the seal a	ffixed to said bond is th	e corporate seal of said corporation and that said bond was
executed in behalf of said	d corporation by author	rity of its Board of Directors, that said corporation holds a
certificate of the Insuran	ce Commissioner of the	he State of Minnesota, showing that said corporation is
authorized to contract as s	such surety, and said A	ttorney-in-Fact acknowledged the said instrument to be the
free act and deed of sain	d corporation.	
(Notarial Seal)		Notary Public, St. Louis County, Minn.
		My Commission expires
Approved as to form here	of,	
this day of _		20
Assistant City Attorney Duluth, Minnesota		