



**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

<b>FOR OFFICE USE ONLY</b>
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
<b>2-5 animals (\$83.00)</b>	<b>\$</b>
<b>OR 6-11 animals (\$132.00)</b>	
<b>OR 12 or more animals (\$298.00)</b>	

**LICENSEE BUSINESS NAME & ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRADE NAME:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**MANAGER'S NAME, ADDRESS & PHONE NO.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OWNER OF BUSINESS PREMISES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LICENSE PERIOD: JANUARY 1 TO DECEMBER 31**

**\$3,000 CORPORATE SURETY**

**BOND REQUIRED**

**WORKERS COMPENSATION COMPANY**

**NAME:** \_\_\_\_\_

**POLICY NO.** \_\_\_\_\_

**EXP. DATE** \_\_\_\_\_

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

**MAILING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 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 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.

## 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 renewed: \_\_\_\_\_

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 Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

If a MN Tax I.D. is not required, please explain:

Signature \_\_\_\_\_

Date \_\_\_\_\_



ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA )  
COUNTY OF ST. LOUIS ) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person described in and who executed the foregoing bond as Principal, and acknowledged that he/she executed the same as his/her free act and deed.

(Notarial Seal)

\_\_\_\_\_  
Notary Public, St. Louis County, Minn.  
My Commission expires \_\_\_\_\_

ACKNOWLEDGMENT OF PRINCIPAL (PARTNERSHIP)

STATE OF MINNESOTA )  
COUNTY OF ST. LOUIS ) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known to be the persons described in and who executed the foregoing bond as partners, and acknowledged that they executed the same as their free act and deed and as the free act and deed of the partnership named in said bond as Principal.

(Notarial Seal)

\_\_\_\_\_  
Notary Public, St. Louis County, Minn.  
My Commission expires \_\_\_\_\_

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)

STATE OF MINNESOTA )  
COUNTY OF ST. LOUIS ) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, to me personally known, who being by me duly sworn, did say that they are the \_\_\_\_\_ and \_\_\_\_\_ of the corporate principal above named, that the seal affixed to the foregoing instrument is the corporate seal of said Principal, and that said instrument was executed in behalf of said corporation by authority of its board of directors and said officers acknowledged said instrument to be the free act and deed of said corporation.

(Notarial Seal)

\_\_\_\_\_  
Notary Public, St. Louis County, Minn.  
My Commission expires \_\_\_\_\_

ACKNOWLEDGMENT OF CORPORATE SURETY

STATE OF MINNESOTA )  
COUNTY OF ST. LOUIS ) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who, being by me duly sworn, deposes and says that he is the Attorney-in-Fact of the corporation which executed the foregoing bond as Surety, and that the seal affixed to said bond is the corporate seal of said corporation and that said bond was executed in behalf of said corporation by authority of its Board of Directors, that said corporation holds a certificate of the Insurance Commissioner of the State of Minnesota, showing that said corporation is authorized to contract as such surety, and said Attorney-in-Fact acknowledged the said instrument to be the free act and deed of said corporation.

(Notarial Seal)

\_\_\_\_\_  
Notary Public, St. Louis County, Minn.

My Commission expires \_\_\_\_\_

Approved as to form hereof,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Assistant City Attorney  
Duluth, Minnesota