



CITY OF DULUTH
 CITY CLERK'S OFFICE
 330 City Hall
 411 West First Street
 Duluth, Minnesota 55802
www.duluthmn.gov
 Phone: (218) 730-5500
 Fax: (218) 730-5293

<p>For Office Use Only</p> <p>Date: _____</p> <p>License No. _____</p>
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SHARED ACTIVE MOBILITY SYSTEMS LICENSE APPLICATION

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.

SHARED ACTIVE MOBILITY SYSTEM ("SAMS")

License Period: January 1st – December 31st

LICENSE FEE: \$500.00

PER DEVICE FEE: \$50.00
 NO. OF DEVICES: x _____

TOTAL DEVICE FEES: \$ _____
 TOTAL DUE: \$ _____

LICENSEE BUSINESS NAME, ADDRESS, PHONE AND EMAIL:
 (Individual, Partnership, Corporation, LLC)

EMAIL: _____

BUSINESS PHONE: _____

LOCAL AGENT NAME & ADDRESS:

LOCAL AGENT PHONE AND EMAIL:
 (Available 24/7)

EMAIL: _____

BUSINESS PHONE: _____

LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF ITS KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION SET FORTH IN ITS OPERATING AGREEMENT AND CHAPTER 9A OF THE DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.

BY: _____
 LICENSEE OR ITS DULY AUTHORIZED AGENT OR REPRESENTATIVE

STATE OF _____]
] ss:
 COUNTY OF _____

On this ____ day of _____, 20____, before me, a Notary Public within and for said County and State, personally appeared _____, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

 NOTARY PUBLIC
 My Commission Expires _____

SHARED ACTIVE MOBILITY SYSTEMS LICENSE APPLICATION CHECKLIST

ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED FOR CONSIDERATION WITH YOUR APPLICATION:

- LICENSE PAYMENT (ANNUAL LICENSE FEE + PER DEVICE FEE)**
- EXECUTED OPERATING AGREEMENT WITH THE CITY OF DULUTH**
- MINNESOTA WORKER'S COMPENSATION COMPLIANCE/EXEMPTION CERTIFICATE**
- CORPORATE DOCUMENTATION (IF INCORPORATED OR PARTNERSHIP)**
 - Certificate of Incorporation from the Minnesota Secretary of State's Office or proof of current registration with the Minnesota Secretary of State establishing legal authorization to operate within the State of Minnesota.
 - Executed statement listing all entity owners including percentage of ownership held by each individual or entity.
- INSURANCE CERTIFICATE DOCUMENTING INSURANCE COVERAGES AS REQUIRED IN THE OPERATING AGREEMENT.**
- FORM APPOINTING A SAMS AGENT/POWER OF ATTORNEY FOR OFFICIAL NOTICES AND SERVICE OF LEGAL PROCESS**
- TAX IDENTIFICATION FORM PURSUANT TO MINN STAT. § 270C.72, SUBD. 3, AS MAY BE AMENDED**
- LIST OF ALL SAMS DEVICES OPERATING WITHIN THE CITY OF DULUTH, INCLUDING IDENTIFICATION NUMBERS.**

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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 number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

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)

Applicants Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

MN Tax Identification Number: _____

Federal Tax Identification Number: _____

Signature _____ Date _____