



Business Trade Name:

Business Address:

Business Telephone:

Applicant Name:

Name of Corporation, Organization, Partnership, or Individual

DOB (if individual)

Applicant Address:

Street Address

City, State Zip

Applicant Telephone:

Fax:

Email:

License(s) Applied For—Note: An Additional License Addendum MUST Be Filled Out For Each Specific Business License.

Fireworks Sales
Gambling – Single Occasion
Lawn Care
Liquor

Massage Business
Massage Therapist
Solid Waste & Recycling
Special Event

Tobacco
Tree Care
Other:

Important

Minnesota Tax ID Number:

Federal Employer Identification Number:

The MN Department of Revenue has requested that we provide MN Tax ID and Federal Employer Identification Numbers to them per Minnesota Statute 270C.72. Please enter your numbers above. If you are an individual applicant without a MN Tax ID Number or Federal Employer Identification Number, please enter your Social Security Number or Individual Taxpayer Identification Number here:

I certify that the information provided is true and correct, and hereby agree to operate said business in accordance with the laws of Minnesota and the City Code of the City of Cottage Grove

Applicant Signature and Title: _____ Date: _____

Municipal Solid Waste and Recycling (Commercial)
License Addendum

Calendar-year License Fee: **\$350.00** (Commercial)

Please make your check payable to *City of Cottage Grove*.

The following attachments must be submitted with your payment:

1. A list of vehicles and equipment that will be operated in the City.
2. A Certificate of Insurance meeting these minimum requirements:
 - a) Workers' compensation insurance and employer's liability insurance shall be set at the statutory limits.
 - b) Commercial general liability, including but not limited to premises-operations, independent contractors protective, products and completed operations, and broad form property damage shall be set as follows: Bodily Injury: \$1,000,000 per occurrence; Property Damage: \$1,000,000 product and completed operations.
 - c) Comprehensive automobile liability, including all owned, non-owned and hired vehicles shall be as follows: Bodily Injury: \$1,000,000 per person, \$1,000,000 per occurrence; Property Damage: \$1,000,000 per occurrence.
 - d) The city must be named as a certificate holder and as an additional insured, and the certificate must contain a provision for notifying the city should the policy be cancelled before its stated expiration date.

Have your insurance agent use the following certificate holder information:

City of Cottage Grove
12800 Ravine Parkway South
Cottage Grove, MN 55016
cityadmin@cottagegrovemn.gov



CC0515

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

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.

CONTRACTOR'S LICENSE or REGISTRATION 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 NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR REGISTRATION 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:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of 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.

APPLICANT SIGNATURE (mandatory)	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. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.