



Inspections Department

Enclosed is the 2012 Tobacco Products License application. **You are required to complete the enclosed application and return with payment before January 1, 2012. Any application and payment received after January 1, 2012 will be subject to a late fee of either \$50 or 25%, whichever is greater.**

The council approved all fees at the October 3, 2011 meeting. The 2012 Tobacco products license fee is \$485. Payment is due at the same time the application is submitted. The application must be postmarked no later than December 31, 2011. Any applications received after that date will be subject to the late fee. We have the capability of accepting cash, check (payable to the City of St. Louis Park) or credit card (Visa, MasterCard, Discover, and American Express).

The City has received notice from the Minnesota Department of Labor and Industry that all licensed establishments must complete and submit a "Certificate of Compliance" form proving evidence of compliance with the workers' compensation insurance coverage requirement by MN Statutes Chapter 176. This **signed form is in addition** to any other required license insurance certificates and will be required with license renewals each year going forward. **Please complete and sign the enclosed form and return with your license application.**

If your Workers' Compensation policy is ever cancelled within the license period, you are required to notify the City by resubmitting this form. If you have any questions regarding the new policy please contact the Minnesota Department of Labor and Industry at 651-284-5005.

Please contact the Inspections Department at 952-924-2588 with any questions you may have regarding the 2012 Tobacco Products License requirements or application.

Inspections Department



St. Louis Park

MINNESOTA
2012 Tobacco Products License Application
License Fee \$485

Business Information: (Name and address of business located in St. Louis Park)

Business Name _____ Contact Name _____
 Address _____
 Phone () _____ FAX () _____ Alternate () _____

Corporate Information: (if information is different than listed above)

Corporate Name _____ Contact Name _____
 Address _____
 Phone () _____ FAX () _____ Alternate () _____

Must be completed by applicant

Federal Tax ID No. _____ MN State Tax ID No. _____
 Social Security No. (If Tax ID numbers are not available) _____

Tobacco License Fee: \$485

Business License Fee: _____ **Late Fee (if applicable):** _____

Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the license may not be issued.

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code.

Applicant's Signature _____ **Date** _____

Office Use Only

Total Fee Paid: _____ **Lic #** _____ **WC**

Form of Payment: Check # _____ **Charge** _____ **Cash** _____ **Date Issued** _____ **Initials** _____

Zoning Approval _____ **Inspections Approval** _____ **New Business**

City of St. Louis Park * Inspections Department * 5005 Minnetonka Blvd * St. Louis Park, MN 55416
 Phone 952-924-2588 * Fax 952-924-2663 www.stlouispark.org

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 www.dli.mn.gov
 dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

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

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 or engage in any activity 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 CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
------------	----------------	-----------------

NUMBER 2 – Reason for exemption from workers' compensation insurance

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

- I have no employees.
- 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
---------------------------------	-------	------

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.