

2020 Tobacco products license

Enclosed is the 2020 tobacco products license application. Payment is due at the same time the application is submitted. Checks should be payable to the "City of St. Louis Park" or we accept Visa, MasterCard, Discover and American Express.

Required every year, every license type

The Minnesota Department of Labor and Industry requires all licensed businesses to complete and submit the attached "Certificate of Compliance" form providing evidence of compliance with the workers' compensation insurance coverage requirement by Minnesota Statutes Chapter 176. Please complete and sign the enclosed form and return it with your license application. If you have no employees or are self-insured, simply check the applicable box #2 reason for exemption. If you have workers' compensation insurance and your 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 this policy, please contact the Minnesota Department of Labor and Industry at 651.284.5005 for details on how to complete this form.

Submission checklist

- Completed, signed and dated 2020 tobacco products license application
- Completed, signed and dated workers' compensation form
- A readable copy of a Minnesota state or Wisconsin state photo ID
- Payment

Please return via one of the following methods:

- **Mail:** Mail to the following address:
City of St. Louis Park
Attn: Building and Energy Dept.
5005 Minnetonka Blvd.
St. Louis Park, MN 55416
- **Email:** inspections@stlouispark.org. Do not include credit card information in an email; we will call for payment.
- **Fax (secured):** 952.924.2663. You may submit credit card information on a cover sheet, or we will call for payment.

Please contact the St. Louis Park Building and Energy Department at 952.924.2588 with any questions you may have regarding the tobacco products license requirements or application.

2020 Tobacco products license application

License fee — \$610

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

Business name: _____ Contact name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alternate: _____ Email: _____

Corporate information (if different from above)

Corporate name: _____ Contact name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alternate: _____ Email: _____

Federal tax ID number: _____ Minnesota State Tax ID number: _____

Social security number (if tax ID numbers are not available): _____

Have you ever been convicted of any felony, gross misdemeanor or misdemeanor for which a jail sentence may have been imposed? Yes No If yes, list details:

I authorize the City of St. Louis Park to complete a background check for the purpose of obtaining a license as described in city ordinance Section 8-303. By signing this consent form, I release the City of St. Louis Park from any and all actions and causes of action, of every kind and nature whatsoever, past, present and future, arising out of the release of the information obtained with this consent.

The applicant must provide a readable copy of a Minnesota or Wisconsin state issued photo ID with current address as part of the application.

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 signature: _____ Date: _____

Office use onlyTotal fee paid: _____ License number: _____ WC New business

Form of payment: Check number: _____ Charge: _____ Cash _____ Date issued: _____ Initials: _____

Zoning approval: _____ PD approval: _____ Inspections approval: _____



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 | |
| 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 <https://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 |
|--------------------------------|-------|------|

If you have questions about completing this form or to request this form in Braille, large print or audio.