

## 2020 Temporary use license application

### Type of license

- Petting zoo — \$60  
 Circuses, carnivals and/or amusement rides\*\* — \$260  
 Temporary outdoor retail sales\* — \$110

\* Must be submitted a minimum of seven business days before the scheduled event. Temporary outdoor retail sales, the applicant must submit written permission by the owner of the property to conduct the sales event.

\*\* Must be submitted a minimum of 14 business days before the scheduled event. If the event is to occur on city owned property, the applicant must submit a comprehensive general liability insurance policy in an amount not less than \$1,000,000, including personal injury, death and property damage liability. This policy must be maintained for the duration of the license and activity.

### Applicant information

Organization name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Location of event

Name of location: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates of event: \_\_\_\_\_ through: \_\_\_\_\_

Time of event: \_\_\_\_\_  a.m.  p.m. through: \_\_\_\_\_  a.m.  p.m.

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.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office use only

Total fee paid: \_\_\_\_\_ License number: \_\_\_\_\_  WC

Form of payment: Check number: \_\_\_\_\_ Charge: \_\_\_\_\_ Cash \_\_\_\_\_ Date issued: \_\_\_\_\_ Initials: \_\_\_\_\_

Zoning approval: \_\_\_\_\_ Inspections approval: \_\_\_\_\_  New business



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