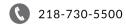


City Clerk's Office



Room 318 411 West First Street Duluth, Minnesota 55802-1189

FOR OFFICE USE ONLY
DATE
LICENSE #

APPLICATION

Type or clearly write in your information below. Submit all pages with payment to the above address.

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.

HORSE AND CARRIAGE LIVERY SERVICE		
FEE = \$176.00		
PER HORSE = \$11.00	AMOUNT ENCLOSED: \$	
PER CARRIAGE = \$22.00		
LICENSEE NAME/ADDRESS/PHONE/EMAIL	BUSINESS NAME	
	BUSINESS PHONE/EMAIL	
	OWNER OF BUSINESS PREMISES	
MANAGER'S NAME/ADDRESS/PHONE		
	MAILING ADDRESS	

AUTHORIZED SIGNATURE	DATE

I HEREBY STATE THAT ALL INFORMATION HERE IS CORRECT AND I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.



Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 a	all times by employers as required by	law.
LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole prothe legal name of the business entity.)	 pprietor or partnership (i.e., John Doe, or John	Doe and Jane Doe), otherwise it is
DBA ("doing business as" or also known as an assumed name) (if app	olicable)	
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	
YOUR LICENSE OR CERTIFICATE WILL N FOLLOWING INFORMATION. You must c	omplete number 1 or 2 b	elow.
NUMBER 1 – Workers' compensation insu	irance policy information	
INSURANCE COMPANY NAME (not the insurance agent)		NAIC Number
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
NUMBER 2 – Reason for exemption from v	workers' compensation i	nsurance
If you have questions regarding the need to obtain workers' core 651.284.5032 or 1-800-342-5354. I have no employees. (See Minn. Stat. § 176.011, subd. 9 for I am self-insured for workers' compensation (attach a copy Department of Commerce). I have employees but they are not covered by the workers' excluded employees.) Explain why your employees are not	or the definition of an employee.) of the authorization to self-insure from	n the Minnesota
Other:		
I certify that the information provided on this form is accurate and comauthorized to sign on behalf of the business.	plete. If I am signing on behalf of a busir	ness, I certify that I am
PRINT NAME		
APPLICANT SIGNATURE (required)	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.

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 renev	ved:	_
Licensing authority:	City of Duluth, St. Louis County, Minneso	ota
License renewal date:		
	Personal Information (if applicable)	
Applicant's Name:		
Applicant's Address:		
Social Security Number:		_
	Business Information (if applicable)	
Business Name:		
Business Address:		
Minnesota Tax Identification	Number:	_
Federal Tax Identification N	umber:	_
If a MN Tax I.D. is not requi	red, please explain:	
Signature	Da	te