



City of International Falls

License Application

Applicant's Full Legal Name: _____

Applicant's Permanent Address: _____

Applicant's Telephone Number: _____

Date of Birth: _____ Driver's License Number: _____

U.S. Citizen: Yes _____ No _____ If no, list Citizenship: _____

MN Identification Number/Social Security Number: _____

Business Legal Name: _____

Type of ownership (LLC, Inc., etc.): _____

Business Address: _____

Business Telephone Number: _____

Type of Business: _____ Yearly Fee: _____

Officer or Partners:

Name	DOB	Address
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a crime within the last five years? Yes _____ No _____

If yes, explain: _____

Please list previous addresses and occupations, if different from above.

1. _____

2. _____

Please list the names and addresses of previous employers, if any.

1. _____

2. _____

Please list the name, address, and phone number of two character references:

1. _____
2. _____

Please provide any other information you would like the City Council to consider when evaluating this license application.

I authorize the City of International Falls, MN to investigate the statements and information provided within this license application form. Yes_____ No_____

Note: It is unlawful for any applicant to intentionally make a false statement or omission upon any application form. Any false statement or willful omission to provide information called for in this application form, shall, upon such discovery of falsehood or omission of information, be sufficient cause to refuse this license or void this license if already issued. Furthermore, the applicant may be subject to revocation of the license and prosecution for false statements and/or willful omission of information requested in this application form.

By my signature below I hereby subscribe to and swear that all statements and information as provided herein is complete, accurate and truthful; and furthermore, I/we shall agree to all applicable provisions of federal, state, and local laws and rules and the stated terms and any conditions of license approval.

Applicant's Signature

Date

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
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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 www.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, call (651) 284-5032 or 1-800-342-5354.