

BUSINESS NUMBER: _____

MINNESOTA TAX IDENTIFICATION NUMBER: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

LIST VEHICLE INFO (Year, Make & Model) & LICENSE PLATE NUMBER FOR EACH:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please provide a Certificate of Insurance for the following lines of coverage:

- General Liability
- Auto Liability
- Workers' Compensation

Certificate Holder:
Aitkin County
307 2nd St NW
Room 121
Aitkin, MN 56431

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN AITKIN COUNTY IN ACCORDANCE WITH THE REGULATIONS GOVERNING CONTRACTORS AS SET FORTH IN THE AITKIN COUNTY SOLID WASTE ORDINANCE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

Signature of Applicant

Date

LICENSE GRANTED THIS _____ DAY OF _____ 20__

Kirk Peysar - Aitkin County Auditor

By: _____

WORKERS' COMPENSATION INSURANCE COVERAGE

MINNESOTA STATUTE 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 SECTION 176.181, SUBD. 2. THE INFORMATION REQUIRED IS: THE NAME OF THE INSURANCE COMPANY, THE POLICY NUMBER, AND DATES OF COVERAGE OR THE PERMIT TO SELF-INSURE. THIS INFORMATION WILL BE COLLECTED BY THE LICENSING AGENCY AND PUT IN THEIR COMPANY FILE. IT WILL BE FURNISHED, UPON REQUEST, TO THE DEPARTMENT OF LABOR AND INDUSTRY TO CHECK FOR COMPLIANCE WITH MINNESOTA STATUTE SEC. 176.181, SBD. 2.

THIS INFORMATION IS REQUIRED BY LAW, AND LICENSES AND PERMITS TO OPERATE A BUSINESS MAY NOT BE ISSUED OR RENEWED IF IT IS NOT PROVIDED AND/OR FALSELY REPORTED. FURTHERMORE, IF THIS INFORMATION IS NOT PROVIDED AND OR FALSELY REPORTED, IT MAY RESULT IN A \$1,000.00 PENALTY ASSESSED AGAINST THE APPLICANT BY THE COMMISSIONER OF THE DEPARTMENT OF LABOR AND INDUSTRY PAYABLE TO THE SPECIAL COMPENSATION FUND.

PROVIDE A CERTIFICATE OF INSURANCE WITH THE INFORMATION SPECIFIED ABOVE OR CERTIFY THE PRECISE REASON YOUR BUSINESS IS EXCLUDED FROM COMPLIANCE WITH THE INSURANCE COVERAGE REQUIREMENT FOR WORKERS' COMPENSATION.

I HAVE PROVIDED A WORKERS' COMPENSATION CERTIFICATE OF INSURANCE

(OR)

I AM NOT REQUIRED TO HAVE WORKERS' COMPENSATION LIABILITY COVERAGE BECAUSE:

I HAVE NO EMPLOYEES COVERED BY THE LAW.

OTHER (SPECIFY) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature of Applicant