

Insurance

Provide workers' compensation insurance coverage as required by Minnesota law.

Insurance company name (not the agent) _____

Policy number or self-insurance permit number _____

Dates of coverage _____

(OR)

I am NOT required to have workers' compensation liability coverage because:

- I have no employees covered by the law Other _____

Notice and Notarized Signature

I, the undersigned, hereby certify that the foregoing information in this application, furnished by me, is true and correct to the best of my knowledge. I further understand that providing any false information on this application will be cause for denial. If application is denied, a one-year waiting period is required before applying for a new license.

I, the undersigned, authorize the City to conduct a background investigation pursuant to City Code § 114.03 (E).

The information requested on this form will be used by the City of Apple Valley in the issuance of your license. The information that you supply on this form will become public information when received by the City of Apple Valley. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

- Attach photocopy of identification.

Subscribed and sworn to before me this

X _____
Applicant Signature

_____ day of _____, 20____.

Printed Name

Notary Public

Note: If application is approved, the license will be mailed to applicant's address.

<input type="checkbox"/> Photocopy of ID	For office use only	Code to: 1001-4036
Appl. rec'd/paid _____	Amount \$ _____	Receipt no. _____
Approved/Denied _____	Temp. license dates _____	License no. _____
		01/16