

License Fee: \$100.00 per year (or \$10.00 per dance)

License Period: January 1 - December 31

LICENSE APPLICANT INFORMATION

Under Minnesota Law (M.S. 270.72) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:

- § This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
- § The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- § Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

Applicant's Last First Middle Name Social Security Number

Street Address City State Zip

Driver's License Number State of Issue

Store Name Store Phone Number

Store Contact Title

Street Address City State Zip

Minnesota Tax ID Number Federal Tax ID Number

If a Minnesota tax identification number is not required, please explain: _____

Date Signature

Title

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS= COMPENSATION LAW**

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers= compensation insurance coverage requirement of Chapter 176. 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 retained in their files.

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 is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____ Dates of Coverage: _____ to _____

(OR)

I am not required to have workers= compensation liability coverage because:

- * I have no employees.
- * I am self-insured (include permit to self insure).
- * I have no employees who are covered by the worker=s compensation law (these include: Spouse, Parents, Children and certain farm employees).

* * * * *

I certify that the information provided above is accurate and complete and that a valid workers= compensation policy will be kept in effect at all times as required by law.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____ - _____

Signature: _____ Date: _____