



City Clerk's Office

218-730-5500

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.

GROOMING SHOP

FEE = \$95.00

ONE-TIME INVESTIGATION FEE = \$36.00

AMOUNT ENCLOSED: \$

LICENSEE NAME/ADDRESS/PHONE/EMAIL	BUSINESS NAME
	BUSINESS PHONE/EMAIL
	OWNER OF BUSINESS PREMISES
MANAGER'S NAME/ADDRESS/PHONE	
	MAILING ADDRESS

CORPORATE SURETY BOND OF \$3,000 REQUIRED

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.

AUTHORIZED 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, 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 all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number
POLICY NO.	EFFECTIVE DATE
	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

- Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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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 renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

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 Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

Date _____

BOND NO. _____

CORPORATE SURETY BOND FOR:

- Pet Shop
- Grooming Shop
- Dog or Cat Breeding Kennel
- Boarding Kennel
- Animal Shelter
- Nuisance Wildlife Removal Business

CITY OF DULUTH ST. LOUIS COUNTY STATE OF MINNESOTA
KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Name)

as Principal, and _____
(Name of Surety)

a corporation authorized to transact corporate surety business in the State of Minnesota, as Surety, are jointly and severally held and firmly bound to the City of Duluth, its successors and assigns, and to other obligees as described herein in the sum of THREE THOUSAND DOLLARS (\$3,000) to be paid to the City of Duluth or any veterinarian suffering financial loss due to the Principal's failure to pay bills for services rendered by such veterinarian who is assisting the animal shelter control officer in investigating animal cruelty at Principal's facility or is caring for any ill or injured animal removed from Principal's facility by the animal control officer, for the payment of which, well and truly to be made, we bind ourselves, and each of us, our and each of our heirs, executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is about to be granted a license pursuant to Article VIII of Chapter 6 of the Duluth City Code, 1959.

NOW, THEREFORE, if said principal shall conduct its operation in conformity with the laws of the City of Duluth of State of Minnesota, and if the Principal shall pay when due all bills of veterinarians secured by the City of Duluth to investigate animal cruelty complaints at Principal's facility or to treat ill or injured animals removed by the animal control officer from Principal's facility, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted.

Signed this _____ day of _____, 20____.

Signed, sealed and delivered
in the presence of:
(as to Principal)

Principal

(as to Surety)

Countersigned by _____
Minnesota Resident Agent
(If required)

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA)
COUNTY OF ST. LOUIS) ss

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing bond as Principal, and acknowledged that he/she executed the same as his/her free act and deed.

(Notarial Seal)

Notary Public, St. Louis County, Minn.
My Commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL (PARTNERSHIP)

STATE OF MINNESOTA)
COUNTY OF ST. LOUIS) ss

On this _____ day of _____, 20____, before me personally appeared _____ and _____ to me known to be the persons described in and who executed the foregoing bond as partners, and acknowledged that they executed the same as their free act and deed and as the free act and deed of the partnership named in said bond as Principal.

(Notarial Seal)

Notary Public, St. Louis County, Minn.
My Commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)

STATE OF MINNESOTA)
COUNTY OF ST. LOUIS) ss

On this _____ day of _____, 20____, before me personally appeared _____ and _____, to me personally known, who being by me duly sworn, did say that they are the _____ and _____ of the corporate principal above named, that the seal affixed to the foregoing instrument is the corporate seal of said Principal, and that said instrument was executed in behalf of said corporation by authority of its board of directors and said officers acknowledged said instrument to be the free act and deed of said corporation.

(Notarial Seal)

Notary Public, St. Louis County, Minn.
My Commission expires _____

ACKNOWLEDGMENT OF CORPORATE SURETY

STATE OF MINNESOTA)
COUNTY OF ST. LOUIS) ss

On this _____ day of _____, 20____, before me personally appeared _____ who, being by me duly sworn, deposes and says that he is the Attorney-in-Fact of the corporation which executed the foregoing bond as Surety, and that the seal affixed to said bond is the corporate seal of said corporation and that said bond was executed in behalf of said corporation by authority of its Board of Directors, that said corporation holds a certificate of the Insurance Commissioner of the State of Minnesota, showing that said corporation is authorized to contract as such surety, and said Attorney-in-Fact acknowledged the said instrument to be the free act and deed of said corporation.

(Notarial Seal)

Notary Public, St. Louis County, Minn.

My Commission expires _____

Approved as to form hereof,

this _____ day of _____, 20_____.

Assistant City Attorney
Duluth, Minnesota