Cottage Grove
Where Pride and Prosperity Meet

Business License Application
General Information

Business Trade Name:			
Business Address:			
Business Telephone:			
Applicant Name:	Name of Corporation, Organization, Partnership, or Individual		DOB (if individual)
Applicant Address:	Street Address		City, State Zip
Applicant Telephone:			
Fax:		Email:	

License(s) Applied For—Note: An Additional License Addendum MUST Be Filled Out For Each Specific Business License.

- ☐ Fireworks Sales
- ☐ Gambling – Single Occasion
- ☐ Lawn Care
- ☐ Liquor
- ☐ Massage Business
- ☐ Massage Therapist
- ☐ Solid Waste & Recycling
- ☐ Special Event
- ☐ Tobacco
- ☐ Tree Care
- ☑ Other: Mobile Food Unit

Important

Minnesota Tax ID Number: Federal Employer Identification Number:

The MN Department of Revenue has requested that we provide MN Tax ID and Federal Employer Identification Numbers to them per Minnesota Statute 270C.72. Please enter your numbers above. If you are an individual applicant without a MN Tax ID Number or Federal Employer Identification Number, please enter your Social Security Number or Individual Taxpayer Identification Number here:

I certify that the information provided is true and correct, and hereby agree to operate said business in accordance with the laws of Minnesota and the City Code of the City of Cottage Grove

Applicant Signature and Title: _____ Date: _____

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MOBILE FOOD UNIT LICENSE ADDENDUM

Please attach:

1. $250.00 Annual License Fee or $50 Per Day License Fee made payable to the City of Cottage Grove. (Note - Per Day Fee's may not be combined or transferred to an Annual License)

2. Copy of Mobile Food Unit License issued by the Minnesota Department of Health, Minnesota Department of Agriculture, and Washington County Department of Public Health and Environment.

3. A certificate of insurance by an insurance company authorized to do business in the State of Minnesota, meeting the following requirements:

    - Commercial General Liability Insurance, with a limit of $1,000,000 per occurrence and $2,000,000 general aggregate;

    - Workers' Compensation Insurance in accordance with statutory requirements OR completion of Certificate of Compliance Minnesota Workers' Compensation Law (attached);

    - Automobile Liability Insurance, with a combined single limit of $1,000,000 for each accident;

    - The City of Cottage Grove must be listed as a certificate holder and be notified of any changes or cancellations in coverage.

I certify that I have read, comprehend, and agree to abide by the provisions of Title 3, Chapter 13 of the Cottage Grove City Code regarding Mobile Food Units.

_____ _____

Signature Title

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

CC0515

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

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 https://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**

If you have questions about completing this form or to request this form in braille, large print or audio.