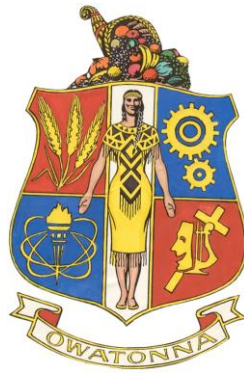


THE CITY OF



OWATONNA

540 West Hills Circle  
Owatonna, MN 55060-4794  
Ph. (507) 774-7341  
FAX: (507) 444-4394  
Email: Jeanette.clawson@ci.owatonna.mn.us

APPLICATION  
REMOVAL, TREATMENT AND CARE OF TEES, SHRUBS & VINES LICENSE  
SECTION 494, 1992 ORDINANCE CODE - CITY OF OWATONNA

Name of Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Term of License: \_\_\_\_\_ to March 31, \_\_\_\_\_

**VEHICLES:**

Make \_\_\_\_\_ License No. \_\_\_\_\_

Make \_\_\_\_\_ License No. \_\_\_\_\_

**EMPLOYEES:** (Name Each)

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**EQUIPMENT:** (list Equipment, other than vehicles, that will be used)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Include Certificate of Liability Insurance naming City as an Additional Insured

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Fee Paid & Date to Council

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



CC0515

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

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/cclld.asp](http://www.dli.mn.gov/cclld.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**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.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
---	------------------------	-------------------

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 NAME (Doing business as name / assumed name -- if applicable)

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

COUNTY	E-MAIL ADDRESS
--------	----------------

**YOUR LICENSE OR REGISTRATION 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:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of 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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

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. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.