

Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, 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 Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 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 you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City. County, State) _____

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 on the reverse side of this form)

Signature _____ **Date** _____

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS 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 put in their company 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 and/or falsely stated, it may result in a \$1,000 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 workers' 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: _____