



GENERAL LICENSE APPLICATION-2024

Business Name _____

Applicant Name _____

Business Address _____
City/State/Zip

Mailing Address _____
City/State/Zip

Business Phone _____ Cell Phone _____

Email _____

Applicant Signature _____ Date _____

Demo/Hauler of Building Waste \$100.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Must fill out additional information on page 4

Metal Recycling \$100.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Must fill out additional information on page 4

Junk Dealer \$100.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Requires a \$1,000 surety bond

Excavator \$100.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Requires a \$1,000 surety bond

Paving Contractor/Sidewalk \$100.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Requires a \$1,000 surety bond

Sign Hanger \$100.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Requires a \$1,000 surety bond

Mechanical for Heating, Ventilation & Air Conditioning \$200.00 _____
Insurance required: \$1,000,000 each occurrence/\$2,000,000 aggregate
*Requires a \$25,000 surety bond

PLEASE RETURN COMPLETED LICENSE APPLICATION, FEE, AND PAPERWORK TO:

City of Fergus Falls – 112 West Washington Avenue – Fergus Falls, MN 56537

Phone: 218-332-5400 Email: city.hall@fergusfallsmn.gov

Date Paid _____ Receipt # _____

Date Council Approval _____ License Mailed _____

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority 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 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. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant _____

Social Security Number _____

(For individual business owner only, not partnership, corporation, etc.)

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.

***2008 Minnesota Statutes**

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4.Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: [2005 c 151 art 1 s 87](#)

**Certificate of Compliance
Minnesota Workers' Compensation Law**

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address) CODE	CITY	STATE	ZIP
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.
You must complete number 1, 2 or 3 below.**

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

- I am not required to have workers' compensation insurance coverage because:
- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit 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.
MN LIC 04 (11/08)

BUILDING WASTE DISPOSAL LICENSE INFORMATION

This license is for the collection and transportation of waste material resulting from the repair, remodeling, construction or demolition of any building, roadway or sidewalk only. Collection and transportation of any other material unless properly licensed is not allowed by this license.

List equipment to be used in collection and transportation of building waste materials:

Type of Vehicle	License Plate #	DOT #

- All equipment must be kept in good working order and acceptable for public viewing.
- All containers must be properly marked with business logo and kept free from graffiti.
- It is the license holder’s responsibility for the cleanliness of all loads delivered by him to the demolition cell at the landfill and any fines associated with any unacceptable waste in the loads.
- It is the license holder’s responsibility to fully comply with local, state, and federal laws relating to hauling and disposal of waste material and to provide the city with and keep current appropriate insurance and proof of insurance, if applicable.
- Failure to follow these guidelines will result in cancellation of this license.

Applicant Signature _____ **Date** _____

No cancellation of the insurance contract shall be made for any cause without a thirty (30) day notice served upon the City Administrator by certified or registered mail or by personal service by an agent of the company.

METAL RECYCLING LICENSE INFORMATION

Description of services offered _____

Location where metal recyclables are to be hauled _____

Manner of disposing of recyclable material _____

List equipment to be used in collection and transportation of metal recyclables:

Type of Vehicle	License Plate #	DOT #

- All equipment must be kept in good working order and acceptable for public viewing.
- All containers must be properly marked as “Metal Recycling Only” and kept free from graffiti.
- It is the license holder’s responsibility for the cleanliness of all loads delivered by him to the demolition cell at the landfill and any fines associated with any unacceptable waste in the loads.
- It is the license holder’s responsibility to fully comply with local, state, and federal laws relating to hauling and disposal of waste material and to provide the city with and keep current appropriate insurance and proof of insurance, if applicable
- Failure to follow these guidelines will result in cancellation of this license.

Applicant Signature _____ **Date** _____

No cancellation of the insurance contract shall be made for any cause without a thirty (30) day notice served upon the City Administrator by certified or registered mail or by personal service by an agent of the company.