



1281 Hammond Road
 White Bear Township, MN 55110
 Phone: (651)747-2750 Fax: (651)426-2258
 Email: wbt@whitebeartownship.org
www.whitebeartownship.org

Business License Application

All businesses with the intent to operate in the Township must first obtain a Business License issued by White Bear Township per Township Ordinance No. 84

Instructions:

1. Complete entire application. Please print legibly or type.
2. Do not leave any lines blank. Use "NA" if it is "not applicable" to your business.
3. Sign and date completed application.
4. Send completed application, workers compensation certificate of compliance form and \$100 business license fee to the address indicated on back.

Choose: New Business Renewal

Where would you like your Business License sent? Electronically Business Address Mailing Address

LOCAL CONTACT INFORMATION

Name of Business: _____ Business Type: _____

DBA: _____ Number of Employees: _____

Business Address: _____ Suite #: _____

Mailing Address (only if different): _____

Business Phone: _____ Fax: _____ Email: _____

Federal Tax ID #: _____ MN Tax ID #: _____ Business Hours: _____
(per state Statute 207C.72, Subd. 3) (per State Statute 207C.72, Subd. 3)

Do you have an Automated External Defibrillator (AED) on site? Yes No If yes, how many? _____

PRIMARY BUSINESS CONTACT PERSON

Name: _____ Daytime Phone: _____

Title: _____ Email: _____

KEY HOLDER CONTACT INFORMATION (after hours emergency contacts)

Primary Key Holder: _____ Secondary Key Holder: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

ALARM & SECURITY SYSTEM INFORMATION

Alarm Company: _____ Dispatch Phone #: _____

SIGNATURE REQUIRED

I hereby certify that the above information is accurate. In the event that the above information should change I will notify the Township within 30 days of said change. I understand deposit of the check does not constitute the issuance of a Township Business License. An inspection of your business must be completed and passed before your business license will be approved and issued. I understand that the application fee is non-refundable. Upon license being granted, the undersigned agrees to comply with all ordinances, rules and regulations of White Bear Township.

Signature

Print Name

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.
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.