

**KIRK PEYSAR
AITKIN COUNTY AUDITOR
209 SECOND STREET NW-ROOM 202
AITKIN, MINNESOTA 56431
(218) 927-7354**

SOLID WASTE HAULERS LICENSE NO. _____

I, _____ DBA _____

**MET ALL REQUIREMENTS OF SECTION 11, SUBDV. 6. OF THE GENERAL PROVISIONS
CONTAINED IN THE AITKIN COUNTY SOLID WASTE ORDINANCE, AND THEREFORE, IN
CONSIDERATION OF THE SUM OF \$100.00 IS LICENSED TO TRANSPORT SOLID WASTE
IN AITKIN COUNTY FROM THE _____ DAY OF _____, 20__
TO THE _____ DAY OF _____, 20__.**

VEHICLE LICENSE NUMBERS: _____

INSURANCE POLICY NUMBER: _____

WITNESS MY HAND AND SEAL OF OFFICE AT AITKIN, MINNESOTA 56431

THIS _____ DAY OF _____, 20__.

KIRK PEYSAR, COUNTY AUDITOR

BY _____

PROOF OF WORKERS COMPENSATION INSURANCE COVERAGE

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 SECTION 176.181, SUBD. 2. 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 FILE. IT WILL BE FURNISHED, UPON REQUEST, TO THE DEPARTMENT OF LABOR AND INDUSTRY TO CHECK FOR COMPLIANCE WITH MINNESOTA STATUTE SEC. 176.181, SBD. 2.

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 FALSELY REPORTED. FURTHERMORE, IF THIS INFORMATION IS NOT PROVIDED AND OR FALSELY REPORTED, IT MAY RESULT IN A \$1,000.00 PENALTY ASSESSED AGAINST THE APPLICANT BY THE COMMISSIONER OF THE DEPARTMENT OF LABOR AND INDUSTRY PAYABLE TO THE SPECIAL COMPENSATION FUND.

PROVIDE THE INFORMATION SPECIFIED ABOVE IN THE SPACES PROVIDED, OR CERTIFY THE PRECISE REASON YOUR BUSINESS IS EXCLUDED FROM COMPLIANCE WITH THE INSURANCE COVERAGE REQUIREMENT FOR WORKERS' COMPENSATION.

**INSURANCE COMPANY NAME _____
(NOT THE INSURANCE AGENT)**

POLICY NUMBER OR SELF-INSURANCE PERMIT NUMBER: _____

DATES OF COVERAGE: _____

(OR)

I AM NOT REQUIRED TO HAVE WORKERS' COMPENSATION LIABILITY COVERAGE BECAUSE:

() I HAVE NO EMPLOYEES COVERED BY THE LAW.

() OTHER (SPECIFY) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE)

LICENSE APPLICANT:

PURSUANT TO MINNESOTA STATUTE 270.72 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 FOR 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.

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: _____
(NAME OR CITY, COUNTY OR STATE AGENCY ISSUING THE LICENSE)

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (IF APPLICABLE):

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

(CITY) (STATE) (ZIP)

SOCIAL SECURITY NUMBER: _____

BUSINESS INFORMATION (IF APPLICABLE):

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY STATE ZIP CODE

MINNESOTA TAX IDENTIFICATION NO: _____

FEDERAL TAX IDENTIFICATION NO: _____

IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED, PLEASE EXPLAIN BELOW.

SIGNATURE POSITION (OFFICER, PARTNER, ETC) DATE