

Certificate of Compliance

MINNESOTA DEPARTMENT OF REVENUE (MDOR) INFORMATION: Under Minnesota law (MS §270C.72 s 4 Licensing Authority: duties) which states “All licensing authorities must require the applicant to provide the applicant’s Social Security number or 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.”

The Minnesota Business Identification Number is also referred to as the Minnesota Tax Identification Number by MDOR.

Business Name:
Business Address:
Business Owner Name:
Business Owner’s Address:
Minnesota Tax Identification Number (not Federal):

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency (Ramsey County) will supply this information only to the Minnesota Department of Revenue (Commissioner). However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

WORKERS’ COMPENSATION INSURANCE COVERAGE LAW: Minnesota Statute 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 s 2. The information required is: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 s 2. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers’ Compensation Insurance Company Name	Policy Number	Dates of Coverage From: To:
<p>OR, I certify that I am not required to carry workers’ compensation insurance because (check one):</p> <p><input type="checkbox"/> I am the sole proprietor and have no employees.</p> <p><input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure).</p> <p><input type="checkbox"/> I have no employees who are covered by workers’ compensation law. (Exempt employees include: spouse, parents, and children—all other employees must be covered).</p>		

CERTIFICATION: I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Ramsey County. I understand that failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

Applicant’s Name:	Applicant’s Title:
Applicant’s Signature:	Date: