

BULK PLANT & FILLING STATION LICENSE

- _____ City of Brainerd application for Filling Station/Bulk Plant License
- _____ Proof of Workers' Compensation Insurance Coverage form
- _____ Tax Clearance informational form
- _____ \$100 fee per plant

CITY OF BRAINERD APPLICATION FOR FILLING STATION/BULK PLANT LICENSE

Pursuant to the provision of City Code 1000 and 1165 relating to licensing gasoline filling station and wholesale oil or gasoline storage plants:

I, the undersigned, do hereby make application for a license to maintain and operate a filling station/bulk plant in the City of Brainerd for the license period ending _____, and in compliance with the provisions of the above-mentioned City Codes, do hereby furnish you with the following information: *PLEASE PRINT*

NAME OF STATION _____

ADDRESS OF STATION _____

MINNESOTA BUSINESS IDENTIFICATION NUMBER _____

NAME OF PROPRIETOR OR OWNER _____

IS STATION IN OPERATION OR CONNECTION WITH OTHER BUSINESS? _____

IF SO, SPECIFY _____

FILLING STATION LICENSE FEE - \$100.00 PER STATION

BULK PLANT - \$100.00 PER PLANT - - NUMBER OF TANKS _____

APPLICANT SIGNATURE _____ DATE _____

FIRE CHIEF APPROVAL _____ DATE _____

CITY PLANNER APPROVAL _____ DATE _____

CITY LICENSE NUMBER _____ APPROVAL DATE _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 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 NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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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.

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name _____

Applicant's Address _____

City _____	State _____	Zip Code _____
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Social Security Number _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____

City _____	State _____	Zip Code _____
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Minnesota Tax Identification Number _____

Federal Tax Identification Number _____

If Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature _____	Position(Officer, Partner, Individual, Etc.) _____
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