



**NORTH
ST. PAUL**
extraordinary.

COMMUNITY DEVELOPMENT DEPARTMENT
2400 MARGARET STREET
NORTH ST. PAUL, MN 55109
PHONE: 651-747-2407
FAX: 651-747-2435

APPLICATION FOR VENDOR LICENSE

Current County or State License# for Food Vendors _____
(COPY MUST BE SUBMITTED WITH APPLICATION)

License Fee: \$80.00
(see page 2 for details)

Applicant Name: _____
(First) (Middle) (Last)

Contact Phone Number: _____ Contact Email: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Type of merchandise to be sold: _____

Event(s) applying for: _____

Dates of Event(s) From: _____ To: _____

From: _____ To: _____

NOTE: You must supply the City of North St. Paul with a Certificate of Liability Insurance providing the following:

\$2,000,000 / accident, person, and property damage if you are a **Food Vendor**

\$500,000 / accident, person, and property damage if you are a **Non-Food/Merchandise Vendor**

You must also provide proof of Workers' Compensation coverage and/or provide completed document attached.

The permit applicant shall file with the City Manager a bond or policy of public liability insurance conditioned that the licensee will indemnify and save harmless the city, its officers, agents and employees from any and all loss, costs, damages, expenses or liability which may result from or arise out of the granting of such permit. The policy of insurance shall be maintained in its original amount by the applicant at all times during the period for which the permit is in effect. In the event that two or more permits are issued to one applicant, one policy of insurance may be furnished to cover two or more events, and each policy shall be of a type which automatically continues coverage after the occurrence of any loss or accident from which liability may accrue.

The undersigned acknowledges receipt of applicable City ordinances pertaining to the license type applied for.

Signature _____ **Date** _____

TENNESSEN WARNING

You are hereby warned, pursuant to Minnesota Statutes, Section 13.04, Subd. 2 that the license you are applying for will require you to supply to the City private or confidential data about yourself. This data will be used by the City staff and City Council to determine whether or not you should receive the license applied for. You have a right to refuse to supply the data asked for, however, your application will NOT be processed without all the questions being answered. All data supplied in the license application and the investigative data obtained by agents of the City in processing this application will be public data. PUBLIC DATA is available to anyone who requests it.

You are also warned to seek legal counsel of our own choice to review this TENNESSEN WARNING so that you can understand the full consequences of your answering the questions on the application for license.

Signature _____ **Date** _____

I have read the above warning and fully understand the consequences of filling out the attached application for license, and waive any rights I may have to keep the data private or confidential

Phone _____ Title _____

License Fee: \$80.00

Checks should be made out to: City of North St. Paul

If you fall within any of the following categories, you are exempt from the fee (check if applies):

_____ All Public Charities as defined by IRS Code 501C(3) – Provide Certification

_____ Any governmental institution

_____ Any business headquartered in the City of North St. Paul

The undersigned hereby applies for a license to carry out the business of: _____ in the City of North St. Paul, Minnesota, subject to the laws of Minnesota and the ordinances for the City, and herewith submits the sum of \$ _____ as the license fee therefore.

Signature _____ **Date** _____

IMPORTANT NOTICE:

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Fee Paid: _____

Date Received: _____

Approved By: _____

License#: _____

Date License Sent: _____

Notes/Comments: _____ _____ _____
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SOCIAL SECURITY AND TAX ID DATA COLLECTION NOTICE

(REQUIRED BY STATE BEFORE PERMIT CAN BE ISSUED)

The City of North St. Paul, in accordance MN Statute 270C.72, Subdivision 4¹, is required to collect from you, as a condition of your license or registration, your Social Security number and/or Minnesota Tax Identification Number.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
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 license issuance or renewal.**

Supply the following information (all that applies) and return along with your application to the City of North St. Paul.

Licensee Information:

<hr/>		
Last Name	First Name	Middle Initial
<hr/>		
Business Name		
<hr/>		
Primary Contact	Telephone Number	
<hr/>		
Address	City, State, Zip Code	
<hr/>		
Minnesota Tax Identification Number	or	Social Security Number
<hr/>		
Licensee Signature	Date	

¹ 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 or each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

CERTIFICATE OF COMPLIANCE

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant

Print in ink or type

Minnesota Statutes §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 Minn. Stat. 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 number (if applicable)

Business telephone number

Alternate telephone number

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as", or "also known as" an assumed name), if applicable

Business Address (must be physical street address, no P.O. Boxes)

City

State

Zip

County

Email address

****You must complete number 1 or 2 below****

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I HAVE A WORKERS' COMPENSATION INSURANCE POLICY**

Insurance company name (not the insurance agent)

Policy number

Effective Date

Expiration Date

I AM SELF-INSURED FOR WORKERS' COMPENSATION (Attach a copy of the authorization from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance)

2. **I AM NOT REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE BECAUSE:**

I only use independent contractors and do not have employees (see Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723 subd. 4, for building construction; and Minnesota Rules Chapter 5224 for other industries)

I do not use independent contractors and I have no employees. (see Minn. Stat. § 176.011, subd. 9, for the definition of an employee)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law (explain below)

I only have employees who are not required to be covered by the workers' compensation law (explain below) (See Minn. Stat. § 176.041 for a list of excluded employees)

Explain why your employees are not required to be covered _____

I certify the information provided on this form is accurate and complete. If signing on behalf of a business, I certify I am authorized to sign.

Print name

Applicant signature (required)

Title

Date

If you have questions about completing this form or to request this form in Braille, large print, or audio, call (651) 284-5032 or 1-800-342-5354 LIC 04 (11/16)



APPLICATION FOR VENDOR LICENSE

This is the application for a Vendor License with the City of North St. Paul. Below is a checklist for your convenience to ensure that you have all the required documentation prior to turning in your application at the City.

PLEASE NOTE:

Vendor license will not be issued unless all required documentation has been provided.

Items needed as follows (please use this as your checklist):

- _____ Application for Vendor License (*page 1*)
- _____ Tennessen Warning (*page 2*)
- _____ Social Security and Tax ID Data Collection Notice (*page 3*)
- _____ Certificate of Compliance MN Workers' Compensation Law (*page 4*)
(if you are required to have workers' compensation insurance, please provide on certificate of liability form.)
- _____ Certificate of Liability Insurance (acquire from your insurance agent/company)
Please list the City of North St. Paul as the Certificate Holder so it appears as follows:

**City of North St. Paul
2400 Margaret St. N.
North St. Paul, MN 55109**
- _____ Valid/Current copy of your State or County Food Vendor License (food vendors only)

If you have any questions or concerns, please contact our office at the phone number provided below.

You may drop off your application, mail your application to the address above, or email it to:

nspcd@northstpaul.org

You can also reach our office at (651) 747-2400.