



**License Fees**

**Seasonal Food Stands:**

*Establishment Type: Check all that apply*

Temporary

Permanent

Non-profit

Current State License (attach a copy)

*Menu Type: Check one*

**Full food:**

\$191 \_\_\_\_\_

cooking, and extensive hot and cold holding

**Limited food:**

\$138 \_\_\_\_\_

prepackaged, nonperishable or packaged confections

**Limited food:**

minimal food preparation and reheating

\$138 \_\_\_\_\_

**Selling whole produce** (not from your farm)

\$90 \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

If the Seasonal Food Stand is licensed by the MN Department of Agriculture No Fee is charged and No License is issued for operation in the City of St. Cloud. **Provide copy of current state license to receive exemption.**

**Must Enclose**

The license fee made payable to the City of St. Cloud. Credit card payments accepted at the City Hall cashier's window or via phone with a signed application. Please refer to license structure information to calculate payment or contact staff at 320-255-7214 for assistance.

A signed Certificate of Compliance of Minnesota Workers Compensation Law form

**I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Relationship to establishment:      Owner      Other: \_\_\_\_\_

# 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
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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 code
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 to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://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 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 I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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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.