

**Seasonal Food Stand
 Renewal Form**

Due 30 days prior to operating

Government data practices act-Tennesson warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

Unit or Stand Name: _____

Contact Person: _____ Phone: _____

Cell Phone: _____ Email: _____

Operations:

List location, dates, and times of operation. Operation cannot occur more than 21 days in one location unless approved by the licensing authority.

<u>Location</u>	<u>Date Open</u>	<u>Date Closed</u>	<u>Hours</u>
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____

Significant menu changes from previous year:

- | | |
|-------------------|-------------------------|
| <u>Menu item:</u> | <u>Equipment added:</u> |
| 1) _____ / _____ | _____ / _____ |
| 2) _____ / _____ | _____ / _____ |
| 3) _____ / _____ | _____ / _____ |
| 4) _____ / _____ | _____ / _____ |

Signature _____ Printed name _____ Date _____

Relationship to applicant: Owner Other _____

OFFICE USE ONLY			
Reviewed by: _____	Date: _____	TRAKit Code: _____	Issued: _____

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.)

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.