

SECTION E. HISTORY

List the most recent three (3) locations where business has been conducted:

<u>Type of Registration / License</u>	<u>License Number</u>	<u>Issuing Agency</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has this business ever had a registration / license denied, suspended, or revoked? No Yes - if yes, please complete below.

<u>Type of Registration / License</u>	<u>Issuing Agency</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has any employee, owner or officer of the business or corporation, or the business as an entity, been charged with any violation of law or ordinance related to the operation of the business? No Yes - if yes, please complete below.

<u>Name</u>	<u>Offense</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has any employee, owner or officer of the business or corporation, or the business as an entity, been charged with any violation of **any other** law or ordinance not related to the operation of the business? No Yes - if yes, please complete below.

<u>Name</u>	<u>Offense</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

***Electronic Signature:** _____
 Please type your full name Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.



LICENSING DIVISION
 1584 Hadley Avenue N.
 Oakdale, MN 55128
 Phone: 651-730-2739
 Fax: 651-730-2820
 E-Mail: licensing@ci.oakdale.mn.us
www.ci.oakdale.mn.us

TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

INFORMED CONSENT

The City of Oakdale requires criminal background checks for this type of city issued license. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	
ID / Driver's License Number:	State of ID / License Issuance:	
Social Security Number:		

I hereby certify that I have read and understood the Tennessee Warning in addition to authorizing the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a business license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of signature.

***Electronic Signature:** _____
 Please type your full name Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

**** ANYONE CONDUCTING BUSINESS FROM DOOR TO DOOR, WILL NEED TO COMPLETE THIS RELEASE FORM AND ATTACH A CURRENT COPY OF THEIR STATE ISSUED ID CARD****

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
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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.

***Electronic Signature:** _____
 Please type your full name _____
 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

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.

LICENSING / REGISTRATION PROCESS

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department. The Licensing Point of Contact person listed on the application will be notified by City Staff of application status within two to four weeks of application submittal date.

APPLICATION CHECKLIST

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. Incomplete applications will be returned.

AP - Applicant check list, CTY - City check list

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Tennessen Warning and Informed Consent Form
<input type="checkbox"/>	<input type="checkbox"/>	MN Worker's Compensation Certificate of Compliance Form
<input type="checkbox"/>	<input type="checkbox"/>	State Issued ID / Driver's License - Must have a current address.
<input type="checkbox"/>	<input type="checkbox"/>	Insurance - Attach a current copy of certificate of liability insurance showing worker's compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	Additional Documents:
	<input type="checkbox"/>	Tennessen Warning and Informed Consent Form - Anyone that would be conducting business from door to door must complete a release form and attach a copy of their current state issued ID card.
<input type="checkbox"/>	<input type="checkbox"/>	Fees:
	<input type="checkbox"/>	Solicitor Registration Fee - \$0
	<input type="checkbox"/>	Peddler License Fee - \$157.50
	<input type="checkbox"/>	Transient Merchant Fee - \$157.50
<input type="checkbox"/>	<input type="checkbox"/>	Checklist - read, check off list, sign, and date.

I hereby certify that I have received and read a copy of the city ordinance. I understand the licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my forms are incomplete, my license application will be returned.

***Electronic Signature:** _____
 Please type your full name _____
 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at <http://www.ci.oakdale.mn.us/450/Licenses-Permits>

Thank you for doing business in Oakdale!



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