

THE CITY OF



OWATONNA

540 West Hills Circle
Owatonna, MN 55060-4794
Ph. (507) 444-4300
FAX: (507) 444-4394

**APPLICATION
STREET VENDOR
SECTION 497 - 1992 ORDINANCE CODE OF OWATONNA**

Name of Applicant _____

Address _____

Phone Number _____

Nature of Business _____

Location of sales _____

Sales are to be made from (circle one): Stand Wagon Other Vehicle(s)

NAMES OF INDIVIDUAL SALES PEOPLE:

Name _____

Name _____

Name _____

Name _____

VEHICLES:

Make _____ License No. _____

Make _____ License No. _____

- _____ Certificate of Liability Insurance naming City as Additional Insured.
- _____ Certification of Compliance with MN Workers' Compensation Law form
- _____ Permission in writing of owner, lessee or manager of the property in front of which or adjacent to which applicant desires to locate stand, wagon, or other vehicle.
- _____ Copy of State of Minnesota Food Handler's license, if applicable

Signature of Applicant

Date

\$30.00 \$200.00 \$100.00
Fee Paid (circle which one)

**-CERTIFICATION OF COMPLIANCE-
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____
(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: _____ Date: _____