



**WORKERS COMPENSATION INSURANCE**

Minnesota Statutes Chapter 176.182 requires that you supply information concerning your workers' compensation insurance. If you employ anyone, complete items 1-4. If you do not have any paid or otherwise compensated employees, complete only item 1. Sign and date where indicated.

- 1) Applicant name: \_\_\_\_\_
- 2) Workers Compensation Insurance Company Name: \_\_\_\_\_
- 3) Mailing Address of W/C Insurance Company: \_\_\_\_\_
- 4) Workers Compensation Insurance Policy Number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**NOTICE**

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority, upon request of the commissioner, is required to provide to the Minnesota Department of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practice 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 of your license in the event you owe Minnesota sales, employers' 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 processing of your license issuance.**

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Applicant Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Applicant Social Security \_\_\_\_\_ Position (Officer, Partner, etc.) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Federal ID Number (EIN) \_\_\_\_\_ Minnesota Tax Identification Number \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Multiple categories may be necessary – consult Fee Schedule)

The services listed below are those currently licensed by the Morrison County Public Health Department for this establishment, unless this is an application for a new establishment. Service fee amounts indicated are at the 2020 rates. Addition of services requires submission of a plan review and prior approval. Contact the department for proper procedures to add services and/or changes to existing services. Print or type in all applicable blanks. **A late fee will be applied if application is not received 20 days prior to establishment's opening date or change of ownership.** Return all forms with total license fee calculated below. Make checks payable to: MORRISON COUNTY PUBLIC HEALTH.

<input type="checkbox"/>	<b>Base Fee (only one):</b> \$170 Food, Bev, Ldging, Mfg Home Pk, RV, Campgrounds, Pool/Spa, Sex. Oriented Bus.	\$ 170.00
<input type="checkbox"/>	<b>Food Service:</b> \$ 63 Limited Establishment (in addition to Base Fee) \$109 Small Establishment \$272 School \$313 Medium Establishment \$272 Second School Inspection \$509 Large Establishment \$298 School w/Concession(s)	\$ _____
<input type="checkbox"/>	<b>Food Other Units – Includes Base Fee</b> \$293 Bed & Breakfast \$293 Seasonal Permanent Food \$496 Caterer \$293 Mobile Food \$293 Seasonal Temporary Food	\$ _____
<input type="checkbox"/>	<b>Alcohol (only one):</b> \$156 Bar Service \$ 63 Table Service	\$ _____
<input type="checkbox"/>	<b>Special Event Food Service</b> \$42 <b>Single One Day Event Food Service</b> \$22 Less Discount for Food Safety Training within past 3 years \$15 Single Day Event \$10 Late Fee for applications not received 14 days prior to event \$22 Single Day Event \$ 8	\$ _____
<input type="checkbox"/>	<b>Special Event Camping Area</b> Base Fee: \$47 5-25 sites=\$44; 26-50=\$89; 51-75=\$136; 76-100=\$178; 101+ =\$276 (in addition to Base) <b>Late Fee for applications not received 14 days prior to event \$22</b>	\$ _____
<input type="checkbox"/>	<b>Additional Kitchen Facilities:</b> \$163	\$ _____
<input type="checkbox"/>	<b>Lodging:</b> # of units Per Unit (in addition to Base Fee) _____ x \$11 = Lodging Per Unit Fee (Maximum fee for units is \$618) _____ Motel/Hotel _____ Resort _____ Lodging Establishment	\$ _____
<input type="checkbox"/>	<b>Mfg Home Park/Campground:</b> # of sites Per Site (in addition to Base Fee) _____ x \$6.00 (Maximum fee for sites is \$668) Number of Mobile Home Sites _____ Number of RV/Camp Sites _____	\$ _____
<input type="checkbox"/>	<b>Youth Camps:</b> Maximum Capacity: (staff + campers) \$614 for 200 or less \$887 for 201 - 400 \$1123 for 401 or more	\$ _____
<input type="checkbox"/>	<b>Pools/Spas:</b> _____ Public Swimming Pool = \$170 each Number = _____ x \$170 = _____ Spa Pool = \$170 each Number = _____ x \$170 =	\$ _____ \$ _____
<input type="checkbox"/>	<b>Individual Water/Sewer</b> _____ Water _____ Sewer = \$69 _____ Each Additional Well Number = _____ x \$37	\$ _____ \$ _____
<input type="checkbox"/>	<b>SOB Investigative Fee</b> (one time) = \$2206	\$ _____
<input type="checkbox"/>	<b>SOB Background Check Fee</b> (per applicant) _____ x \$552 =	\$ _____
<input type="checkbox"/>	<b>SOB License Fee</b> \$1103 Live On-Site \$552 Media On-Site \$198 Media Off-Site	\$ _____
<input type="checkbox"/>	<b>Plan Review</b> Remodel Existing Establishment = \$237 Construct New Establishment = \$373	\$ _____ \$ _____
	<b>License Fees Due</b>	<b>\$ _____</b>
<input type="checkbox"/>	<b>Late Payment Penalty</b> = \$136	\$ _____
	<b>Total Amount Due</b>	<b>\$ _____</b>
<input type="checkbox"/>	<b>Pro-Rated Fee</b> Jan-Mar= 100%; Apr-Jun= 75%; Jul-Sep= 50%; Oct-Dec= 25%	\$ _____

**Food Service: Enclose copy of Food Manager Certificate issued by State of Minnesota w/Application.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_