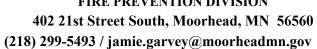


## CITY OF MOORHEAD FIRE PREVENTION DIVISION





Date:			
Name:			
Representing:			
Address:			
Telephone:			
Email Address:	<u></u>		
PERMISS	ON IS HEREBY GRANTED TO CONDUCT FIREWORKS DISPLAY AT:		
Street Address:			
For Purpose of:			
Date and Durat	on of Display:		
Approximate Νι	umber, Class and Size of Fireworks to be Used:		
Number of Ope	rators or Assistants:		
Insurance Liability Company Name:  Attach copy of policy			
	Enclosed is my completed and signed Certificate of Compliance Minnesota Workers' Compensation Law Form (Required by Minnesota Statutes, Section 176.182)		
	hed is a diagram of fireworks, location including: location of discharge, ings on site, roads, crowd location, overhead obstructions (trees, utility etc.)		
	I understand that dedicated standby may be required by the authority having jurisdiction, and costs may be associated with dedicated standby.		
Approval by A	uthorized Fire Personnel:		
Approved By:			

OFFICE USE	DATE RECEIVED	PERMIT #	DATE ISSUED
ONLY			

Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North PO Box 64217 St. Paul, MN 55155



E-mail: <u>dli.license@state.mn.us</u>

Website: <u>www.dli.mn.gov</u> Phone: (651) 284-5034

## 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 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) State ZIP code City 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.) 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

If you have questions about completing this form or to request this form in Braille, large print or audio.

Certificate of Compliance MN Workers' Compensation Law 4.20.2023