

► **MINNESOTA BUSINESS TAX IDENTIFICATION LAW**

Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4. **All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).**

Under the Minnesota Government Data Practices 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 or renewal of your license in the event you owe Minnesota sales, employer's 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 the processing of your license issuance or renewal application.

Applicant's name (LAST, first, middle initial)				*Social Security Number	
Home address		City	State	Zip code	Phone number
Business name			Type of license applied for:		
Business address		City	State	Zip code	Phone number
Minnesota Tax Identification Number (or explain why you don't have one)				Federal Tax Identification Number	

*If company stock is publicly exchanged, you may omit submitting this Social Security information.

► **WORKERS' COMPENSATION INSURANCE COVERAGE 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2.

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 and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Worker's Compensation Insurance Company Name (not agent's name):	Policy Number:	Dates of coverage: From To
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OR, I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and have no employees**
- I am self insured (For this category, you must include a copy of the permit to self-insure.)
- I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: spouse, parents, children – regardless of age, and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.)

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

Signature: _____ Date: _____