

OPERATOR / MANAGER

Name: _____
(first) (middle initial) (last) (suffix if used)

Phone: () _____ Ext: _____

CERTIFIED FOOD MANAGER (if required)

Name: _____
(first) (middle initial) (last) (suffix if used)

FM #: _____ Expiration date: _____ / _____ / _____
(month) (day) (year)

EMERGENCY CONTACT INFORMATION

Name: _____
(first) (middle initial) (last) (suffix if used)

Phone: () _____ Ext: _____

Emergency contact preference (check one preference and provide contact information)

- Phone () _____
- Cell: () _____
- Fax: () _____
- Pager: () _____
- E-mail: _____

FEE CALCULATIONS

Fee Code	- - Category:	Fee:
Fee Code	- - Category:	Fee:
Fee Code	- - Category:	Fee:
Fee Code	- - Category:	Fee:
		Late Fee:
		Total
		Fee:

Make checks payable to: Redwood-Renville CHS

AGREEMENT TO COMPLY

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and other regulations that apply to my establishment and any licenses issued from this application. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

Signature of applicant: _____ Date: _____ / _____ / _____
(month) (day) (year)

Title: _____

REQUIRED INFORMATION FOR THE MINNESOTA DEPARTMENT OF REVENUE

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license is required to provide the following information to the Minnesota Commissioner of Revenue upon request: applicant's name, address, and Social Security number; and the business name, address, and Minnesota business tax identification number.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

Applicant's name: _____ <small>(first) (middle initial) (last) (suffix if used)</small>	Social Security #: _____
Business name: _____ <small>(name of business as filed with the Minnesota Department of Revenue)</small>	
Address: _____	
City: _____	State: _____ Zip: _____
Minnesota business tax identification #: _____	Federal tax identification # _____

WORKERS' COMPENSATION INSURANCE COVERAGE LAW

Minnesota Statute 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: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 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.

Workers' Compensation insurance company name: _____	Policy #: _____
Dates of coverage - - from: _____ / _____ / _____ to: _____ / _____ / _____ <small>(month) (day) (year) (month) (day) (year)</small>	

OR, I certify that I am not required to carry workers' compensation insurance because (check one):

- I am the sole proprietor and have no employees
- I am self-insured (you must include a copy of the permit to self-insure)
- I have no employees who are covered by workers' compensation law. (Exempt employees include: spouse, parents, and children—all other employees must be covered)

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and other regulations that apply to my establishment and any licenses issued from this application. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

Signature of applicant: _____	Date: _____ / _____ / _____ <small>(month) (day) (year)</small>
Title: _____	