



City of St. Cloud
Engineering Department
1201 7th Street South St.
Cloud, MN 56301-3699
320-255-7249
engineering@ci.stcloud.mn.us

Application for: Excavator's License

License period: January 1, 2022 through December 31, 2022

Applicant's Name: _____
(Last) (First)

Business:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

MN Tax ID # (Required)*: _____

Federal Tax ID # (Required)*: _____

Social Security # (Required)*: _____

***A MN Tax ID and Federal Tax ID are required per MN Statute 270C.72 Subd. 4. If no Federal Tax ID is available, a social security # is required with the MN Tax ID.**

Applicant must file with the City an original \$10,000 Bond (expiration date must be 12/31 of current year), Proof of Workers Compensation Insurance, Certificate of Liability Insurance for \$100,000/\$500,000/\$250,000 before this license can be issued.

License Fee: \$125.00

Applicant's Signature

Receipt #: _____

License #: _____

Date Paid: _____

Date Issued: _____

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) | City | State | ZIP code |
| 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; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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, call (651) 284-5032 or 1-800-342-5354.