

# APPLICATION FOR PERMIT

City of Brooklyn Center  
6301 Shingle Creek Parkway  
Brooklyn Center, Minnesota 55430  
763-569-3340



## INSTRUCTIONS:

Complete and sign permit application and return to City of Brooklyn Center, along with the license fee. Make check payable to City of Brooklyn Center.

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### PERMIT

Issued to:	<u>Expires</u>	<u>Units</u>	<u>Fee</u>
DBA:	04/01/2016	_____	\$36.00 per bench
Address:			_____
			Total Fee: _____

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### APPLICANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact/Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

Federal Tax Id: \_\_\_\_\_

State Tax Id: \_\_\_\_\_

### INSURANCE

Pursuant to Minnesota Statute, Section 176.182 proof of Workers' Compensation Liability is required.

Insurance company Name: (NOT the insurance agent) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

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I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees)

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**"I certify that the information provided is accurate and complete to the best of my knowledge and that a valid workers' compensation policy will be kept in effect at all times as required by law." Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.**

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Signature of Applicant

Date