City of Alexandria



Licensing Year: 1/1 to 12/31 20____

704 Broadway, Alexandria, MN 56308 320.763.6678 | 320.763.3511 (fax) | <u>www.AlexandriaMN.city</u>

New: Renewal: License Fee: \$100

Excavating

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Informa	tion						
Legal Name First		Middle	_ Last				
Primary Phone		Alt. Phone	Email				
Street Address		City		State	Zip		
Mailing Address (where future	correspondence sh	hould be sent):					
Street Address		City		State	Zip		
Business Information:	Corporation	Limited Liability Company	Partnersh	nip Othe	er		
Name of Company							
Business Address		City		State	Zip		
Phone	Email	V	Vebsite				
Applicant/Licensee Signature _							
Title (if signing on behalf of an	organization)		Date				
	•	Riedel at 320-759-3622 or email ur prompt attention in returning	•		.city. On		
,							
*Please make sure all the nece	<u> </u>	accompany your license applic	ation and the	forms are f	illed out		
	<u> </u>		ation and the	forms are f	illed out		
*Please make sure all the nece	plete applications		ation and the	forms are f	illed out		

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance—Minnesota Workers' Compensation 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. 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 retained in their files

company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.									
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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.									
Insurance Company Name (not the agent):	Policy Number:								
Dates of Coverage:									
to									
OR									
I am not required to have workers' compensation liability coverage be	cause:								
☐ 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)									
I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.									
Section B									
Tax Identification Information Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant.									
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: • This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department									
of Revenue delinquent taxes, penalties, or interest;									
 Upon receiving this information, the City of Alexandria 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; Failure to supply this information may jeopardize or delay the processing of your license application. 									
Minnesota Business ID Number:	Federal Tax ID Number:								
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:								
Section C									
Tennessen Warning									
Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, are private data . You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.									
Signature: Date of Birth:	Date:								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CE	ertificate holder in lieu of such endors	emen	t(s).								
PRO	DUCER				CONTACT NAME:						
						PHONE (A/C, No, Ext): (A/C, No):					
					E-MAIL ADDRESS:						
							NSUF	RER(S) AFFOR	DING COVERAGE		NAIC #
					INSURER A:						
INSURED				INSURER B:							
					INSURER C:						
						INSURER D:					
						INSURER E :					
					INSURER F:						
CO	VERAGES CER	TIFIC	ATE NUM	BER:	REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUIRI PERTA	EMENT, TE	ERM OR CONDITION NSURANCE AFFORE	OF AN	Y CONTRACT THE POLICI EDUCED BY	IES PA	DESCRIBED CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY	r) (1	POLICY EXP	LIMI	rs	
	GENERAL LIABILITY								EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR				7				MED EXP (Any one person)	\$	
					7				PERSONAL & ADV INJURY	\$	
									GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$	
<u> — </u>	POLICY JECT LOC						+		01 × × × × × × × × × × × × × × × × × × ×	3	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$	
	DED RETENTION \$			7.00			7		WO STATIL OTH	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	
l											
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach ACORD	101, Additional Remarks	Schedule.	if more space	is re	quired)			
								, ,			
The	e City of Alexandria is listed as an a	dditio	nal insure	ed <u>.</u>							
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l											
CEI	RTIFICATE HOLDER				CANC	ELLATION	N_				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRES	SENT	TATIVE			