



**CITY OF NORTH BRANCH
APPLICATION FOR RIGHT-OF-WAY
ACCESS LICENSE**

The annual fee for an Right-Of-Way Access License is \$100. Please review the following information. If all information is correct please sign and submit with your payment for the license. If any information is incorrect please make necessary changes. Insurance Certificate and \$5,000 Surety Bond must be submitted with application.

Company Name:

Mailing Address:

Company Location Address:

Contact Person:

Phone Number:

Email Address

Licensing Period: Expires December 2019

Type of Application: New () Renewal (X)

I hereby request the issuance of an Right-Of-Way Access License for the period indicated above and agree to the regulations under Minnesota Law including, but not limited to, laws pertaining to necessary insurance. I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of North Branch, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the North Branch City Code, which is available on the City website at www.ci.north-branch.mn.us or upon request from the City Clerk and to be familiar with and abide by the laws of the City of North Branch and the State of Minnesota relating to this licensure.

Date

Signature of Applicant

FOR OFFICE USE ONLY

Receipt # and Date: _____
Liability Insurance Cert. Received: () Yes () No
Form SP-CI Received: () Yes () No
Work Comp Cert. Received: () Yes () No

Bond Received: () Yes () No
Damage Deposit Received: () Yes () No
Tennessee Warning Received: () Yes () No



SP-CI TAX CLEARANCE INFORMATION SHEET

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and 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:

1. 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;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue upon their request. 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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: City of North Branch, Chisago County, Minnesota

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (If applicable):

Applicant's Name _____

Applicant's Address _____
City State Zip

Social Security Number: _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____
City State Zip

MINNESOTA TAX IDENTIFICATION NO: _____

FEDERAL TAX IDENTIFICATION NO: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position (Officer, Partner, etc.) Date



CERTIFICATION OF COMPLIANCE WITH THE MINNESOTA WORKERS' COMPENSATION LAW

Name _____ **Doing Business As** _____
Print last name, first name, and middle name. Print full business name, if different than your name.

Social Security No. _____ **Federal Employer ID No.** _____ **State ID No.** _____

Address _____
Print street address or route number. City or town name. State Zip Code

Business Telephone No. (____) _____ **Home Telephone No.** (____) _____

Type of Business _____
Print description (for Example: Bldg. Construction; or Logging; or Manufacturing.)

Workers' Compensation Insurance Company Name _____
Print full name of insurance company (**NOT** insurance agent).

Policy No. _____
Print full number from insurance policy.

Dates of Coverage _____ **Through** _____
Print starting date. Print ending date.

- OR -

I certify that I am not required to carry workers' compensation insurance because:
(Check One)

_____ **I am a sole proprietor and I have no employees.**

_____ **I have no employees who are covered by the workers' compensation law.**
(Only employees who are specifically exempted by statute are not covered by the worker's 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 activity is controllable by the employer must be covered.)

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$1,000 penalty if the information is false.

Signed By: _____ **Date** _____



**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of North Branch has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____