

20__ NEW COMMERCIAL ANIMAL WASTE TECHNICIAN COMPANY LICENSE APPLICATION

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, you must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access. Pursuant to MS Sec 297A.66 if your company maintains within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state you must have a Minnesota Tax ID number. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

Does your company maintain within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state? Yes ___ or No __. If yes, enter MN Tax ID number in the space provided below .

Company Information: (Please print)

Company Legal Name		MN Tax ID or if none, Social Security Number		
DBA (if different)		Company Mailing Address (if different)		
Company Street Address (No PO Box)		City	State	Zip Code
City	State	Zip Code	Company Telephone	
County				

Site Manager: Commercial Animal Waste Technician Company License requires that you employ at least one Site Manager.

Site Manager Name: _____ Site Manager License Number: _____

Workers' Compensation:

Do you have any paid or otherwise compensated employees in Minnesota? ___Yes ___No If yes, complete the following information:

Insurance Company Name _____ Effective Date _____
Policy # _____ Expiration Date _____

You must provide acceptable evidence of compliance with the Workers' Compensation Insurance Law (MS Sec 176.182). If you are self-insured, attach a copy of the exemption order from the Commissioner of Commerce authorizing self-insurance. For questions, contact the Minnesota Department of Labor and Industry at www.doli.state.mn.us.

Proof of Financial Responsibility is required by the MN Fertilizer, Soil & Plant Amendment Law (Minn. Stat. Ch. 18C).

Financial Responsibility: (Check all that apply)

- Liability Insurance Net Asset Statement Performance or Surety Bond

Application Fees:

Application Fee: \$100.00 **328010-600301(3103)**
Total Due: \$100.00

MINNESOTA DEPARTMENT OF AGRICULTURE Attn: Cashier 625 Robert Street North Saint Paul, MN 55155-2538 Licenses are not transferable and fees are not refundable.

I hereby certify that the information contained in and submitted with this form is true and correct.

For Office Use Only

Signature: _____ Date: _____
Name (Please print): _____ Title: _____
Contact Telephone: _____ Fax Number: _____
E-mail Address: _____