

Pesticide & Fertilizer Management Division Ph. 651-201-6615 Fax 651-201-6105 New License Number:

**20 NEW STRUCTURAL PEST CONTROL COMPANY LICENSE APPLICATION**

Minn Stat. Sec. 18B.32

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.

**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 the 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:			

**Master Applicator** (To obtain a Structural Pest Control Company License, your company must employ at least one Master Applicator):

Last Name:	First Name:	MI:	License Number:
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**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](http://www.doli.state.mn.us).

**Financial Responsibility:** (Check all that apply)

Proof of Financial Responsibility is required by the MN Pesticide Control Law (Minn. Stat. Ch. 18B).

- Liability Insurance       Net Asset Statement       Performance or Surety Bond

**Application Fees:**

Application Fee:	\$200.00	<b>600317(3100)</b>
Agricultural Chemical Response and Reimbursement Surcharge (ACCRA):	\$100.00	<b>600339(3310)</b>

**Total Due: \$300.00**

**Return this form with your check made payable to:**

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: \_\_\_\_\_