

Plant Protection Division, Ph. 651-201-6011

20 APPLICATION FOR GENERAL MERCHANDISE WAREHOUSE LICENSE

Minn. Stat. Ch. 231

Excludes Grain

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. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

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

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.

Type of Warehouse: ☐ Wood ☐ Steel ☐ Concrete ☐ Other: _____

Equipment in the Warehouse: _____

Types of goods, wares, or merchandise intended to be stored: _____

Do you store: ☐ Food ☐ Household Goods ☐ Chemicals ☐ Fertilizer**Licensed Locations:** (Attach additional sheets if necessary)

Address	City/Zip	County	Sq. Footage	License Fee: 600508(3100)	Processing Surcharge (see below) 553068(3360)	License Number (for office use only)
				\$	\$	
				\$	\$	
				\$	\$	

**MDA Processing Surcharge (Minn. Stat. 17.033)
5% of License Fee or \$5 whichever is greater****License Fee**

Building Sq. Footage	Fee
Less than 5,000	\$110
5,001 to 10,000	\$220
10,001 to 20,000	\$330
20,001 to 100,000	\$440
100,001 to 200,000	\$550
Over 200,000	\$660

Total Amount: \$ _____**Bond Requirements:**

If you store household goods, a General Merchandise Storage Bond in the amount of at least \$10,000 (per city) must be issued and a tariff must be filed.

If you do NOT store household goods, \$50,000 warehouseman's legal liability insurance may be filed in place of the General Merchandise Storage

If you store household goods, you must attach a copy of your current tariff showing rates and charges assessed before your license will be granted.

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.

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____

For Office Use Only