



Administration Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7023

Gas Pumps - Private License Application

Business Name _____

Business Address _____

Business Phone _____

Email address _____

Person to Contact in Regard to Business License:

Name _____

Address _____

Phone _____

I hereby apply for the following license(s) for the term of one year, beginning July 1, 2023, and ending June 30, 2024, in the City of Roseville, County of Ramsey, State of Minnesota.

<u>License Required</u>	<u>Fee</u>
Gas Pumps - Private	\$186.00

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data will constitute public record if and when the license is granted. Our intended use of the information is to annually update our records. If you refuse to supply the information, the license application may not be processed.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulation as the Council of the City of Roseville may from time to time prescribe, including Minnesota Statue #176.182.

Signature _____

Date _____

A fire inspection is required before issuance of a license. Please call 651-792-7340 to set up an inspection.

If completed license should be mailed somewhere other than the business address, please advise.

**STATE OF MINNESOTA
Department of Human Services
Division of Licensing**

PROOF OF MINNESOTA TAX IDENTIFICATION INFORMATION

Under Minnesota Law (M.S. § 270.72), the Department of Human Services (DHS) and the Department of Corrections are required to provide the Minnesota Commissioner of Revenue the tax identification numbers and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance, or renewal of your license, or to revoke your license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license.

Please fill in the following information and return this form, along with your application, to the DHS, Division of Licensing. Do not return this form to the Department of Revenue.

Please print clearly or type.

PERSONAL INFORMATION:

Applicant's Last Name:	First Name	M.I.	Social Security Number
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Applicant's Street Address:	City	State	Zip Code
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BUSINESS INFORMATION:

Business Name:

Business Street Address:	City	State	Zip Code
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Minnesota Tax Identification Number	Federal Tax Identification Number
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Signature	Title	Date
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PLEASE NOTE:

- You must provide a Social Security number, and both MN and Federal Tax ID numbers if you have employees.
- This form must be signed and dated even if you are not required to provide MN or Federal Tax ID numbers.
- If you have any questions regarding your Minnesota Business Identification number, please contact the Department of Revenue at 651-282-5225. The Department of Corrections and Human Services are not able to answer questions regarding this information.



Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number:	Effective date:	Expiration date:
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name:

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in braille, large print or audio.