
MINNESOTA TAX CLEARANCE AND WORKERS COMPENSATION LAW

- 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 insurance, 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. 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 issuance of your license or processing your renewal application.
- Minnesota statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. **This information will be collected by the licensing agency and retained in their files.**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED: _____

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

MINNESOTA TAX ID NUMBER: _____

FEDERAL TAX ID NUMBER: _____

If a Minnesota Tax ID Number is not required, please explain: _____

WORKER'S COMPENSATION INSURANCE

INSURANCE COMPANY NAME: (NOT AGENT): _____

POLICY NUMBER: _____

DATES OF COVERAGE: Starting: _____ Ending: _____

-OR-

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and I have no employees. I am self insured (include permit to self-insure).
- I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers 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 works whose work 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. I certify that all information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

SIGNATURE / POSITION (OFFICER, PARTNER, ETC.) DATE SIGNED

*No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.