EXPLOSIVES PERMIT APPLICATION



CITY OF MOORHEAD FIRE PREVENTION DIVISION 111 12th Street North, Moorhead, MN 56560 (218) 299-5493 / jamie.garvey@moorheadmn.gov



Issued to (Applicant	Name) [.]					
Address of Applican						
Telephone Number:						
For Property Locate	d At:					
Owner N	ame and Address	Contracto	or Name, Address, and	State Certification #:		
		Email:				
		Liliali.				
Type of Work to be I	Done:					
Additional Information	on:					
		Permit Fee				
				A-		
Explosives Permit F	ee:			\$50.00		
Requirements:						
Plan Revie	W					
Site map v	vith storage and oper	ational area				
Attached is	s the completed and s	signed Certificate of C	Compliance Minnesot	a Workers'		
Compensa	ation Law Form (Requ	iired by Minnesota St	atutes, Section 176.1	82)		
This work shall be done in conformity with all applicable ordinances and statutes of the State of Minnesota, Minnesota State Fire Code and City of Moorhead under the direction of the Fire Chief. Inspections will be made by the Fire Chief or his/her representatives.						
All work is subject to a double permit fee if started before issuance of a permit. CALL FOR INSPECTIONS REQUIRED (218) 299-5493.						
Applicant Name (Pleas	se print clearly):					
Applicant Signature:			Date:			
Approval by Authoriz	ed Fire Personnel:					
Approved By:						
Fire Chief or Representative				DATE		
OFFICE USE	PERMIT #	TOTAL FEE	CASH	CHECK #		
ONLY						

Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North PO Box 64217 St. Paul, MN 55155



E-mail: <u>dli.license@state.mn.us</u> Website: <u>www.dli.mn.gov</u> 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			

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

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

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

If you have questions about completing this form or to request this form in Braille, large print or audio.

Certificate of Compliance MN Workers' Compensation Law 4.20.2023