



20 NEW COMMERCIAL ANIMAL WASTE TECHNICIAN COMPANY LICENSE APPLICATION

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.

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

Site Manager: Commercial Animal Waste Technician Company License requires that you employ at least one Site Manager.

Site Manager Name: _____ Site Manager License Number: _____

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.

Financial Responsibility: (Check all that apply)

Proof of Financial Responsibility is required by the MN Fertilizer, Soil & Plant Amendment Law (Minn. Stat. Ch. 18C).

- Liability Insurance Net Asset Statement Performance or Surety Bond

Application Fees:

Application Fee: \$100.00 **328010-600301(3103)**

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.

Total Due: \$100.00

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