City of East Grand Forks

600 DeMers Ave · P.O. Box 373 · East Grand Forks, MN 56721
218-773-2483 · 218-773-9728 fax www.eastgrandforks.net

License Fee: _____

Operating Year: _____

APPLICATION FOR RENEWAL
ATV LICENSE

Applicant Information

_____ _____
Applicant Name *Applicant Phone Number*

_____ _____
Applicant Address *City* *State* *Zip*

Business Information

_____ _____
Business Name *Business Phone Number*

_____ _____
Business Address *City* *State* *Zip*

_____ _____
Federal Tax ID # *MN Tax ID #*

Corporate Information (if applicable)

_____ _____
Corporate Name *Phone Number*

_____ _____
Corporate Address *City* *State* *Zip*

ATV Information

_____ _____ _____ _____
Year *Make* *Model* *License Number*

_____ _____ _____ _____
Year *Make* *Model* *License Number*

_____ _____ _____ _____
Year *Make* *Model* *License Number*

I hereby certify that I have completely filled out the entire above application, together and that the application is true, correct, and accurate.

_____ _____
Signature of Applicant *Date*

_____ _____
Print Name *Title*

Internal Use Only

The following items need to be completed and/or attached in order for the application to be processed:

*☐Application fee paid in full: Payment Type: ☐ cash ☐ check #_____ Receipt #_____

*☐Application completed in full and signed:

*☐Approved License Number _____

City of East Grand Forks
Application for Renewal ATV License

Proof of Workers' Compensation Insurance Coverage

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or falsely reported, it may result in a $1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name:_____
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number:_____

Dates of Coverage:_____

(Or)

I am not required to have workers' compensation liability coverage because:

( ) I have no employees covered by the law.

( ) Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

_____
Signature