



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

APPLICATION FOR RENEWAL ATV LICENSE

License Fee: _____

Operating Year: _____

Applicant Information

_____	_____
<i>Applicant Name</i>	<i>Applicant Phone Number</i>
_____	_____
<i>Applicant Address</i>	<i>City State Zip</i>

Business Information

_____	_____
<i>Business Name</i>	<i>Business Phone Number</i>
_____	_____
<i>Business Address</i>	<i>City State Zip</i>
_____	_____
<i>Federal Tax ID #</i>	<i>MN Tax ID #</i>

Corporate Information (if applicable)

_____	_____
<i>Corporate Name</i>	<i>Phone Number</i>
_____	_____
<i>Corporate Address</i>	<i>City State Zip</i>

ATV Information

_____	_____	_____	_____
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>License Number</i>
_____	_____	_____	_____
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>License Number</i>
_____	_____	_____	_____
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>License Number</i>

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