



Getting Your New Business License in Lindstrom

Before you can open your doors for Business in the City of Lindstrom, your Business will need a City of Lindstrom Business License.

All home Occupations must also be Licensed.

The following section will guide you through the process of obtaining your Lindstrom Business License.

1. Fill out forms:

- a. Business License Application
- b. Tax Identification NOTICE
- c. Workers' Compensation Certification of Compliance
- d. Tennessen Warning

2. Check with the Zoning Administrator (see below for contact information) if you have questions regarding the Zoning of your Business.

3. Return completed Forms and the One-time fee of \$25.00 to Lindstrom City Hall.

A Licensed Business will need a New License only when:

- a. The Business ceases to operate for a period of six months or more.
- b. The Product(s) or Service(s) provided by the Business changes and/or the Licensed Business relocates.

4. If the State of Minnesota requires any License for your Business, please include a Copy of the License with your Application.

5. After you have received your Approved License, please Post it in a conspicuous place.

Questions?

Zoning of your Business	John J. Olinger	651-257-0625	jolinger@cityoflindstrom.us
Licensing of your Business	Melissa Glenna	651-257-0805	mglenna@cityoflindstrom.us

City of Lindstrom

Business License Application

1. Status of Applicant (Check all that apply):

Owner _____ Manager _____

2. Owner Information:

Last Name

First Name

Middle Name

Home Street Address

Street

City

State

Zip

Home Mailing Address

Street

City

State

Zip

Home Phone Number

Email Address

3. Manager (or additional Owner) Information (if different from Applicant):

Last Name

First Name

Middle Name

Home Street Address

Street

City

State

Zip

Home Mailing Address

Street

City

State

Zip

Home Phone Number

Email Address

4. Business Information:

Name of Business:

Type of Business:

Store Front _____

Home Base _____

Other _____

Business Street Address

Street

City

State

Zip

Business Mailing Address

Street or Box #

City

State

Zip

Business Phone

Email Address

Business Fax

Website Address

Hours of Operation _____

OFFICE USE ONLY

Date

Fee Pd / Receipt #

License #

Zoning / Approved by

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, 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 Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (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 issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes:
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 Services:
3. **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OF DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Initial
Applicant's Address	City, State, Zip Code	
Applicant's Social Security Number	Position (Officer, Partner, etc.)	
Business Name		
Business Address	City, State, Zip Code	
Minnesota Tax Identification Number		

Signature

Date

Minnesota Government Data Practices Act – Chapter 13
“Tennessen Warning”

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created or maintained is classified as **Private**: (13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created or maintained is classified as **Confidential**: (13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order, and City officials who have a bona fide need for it. The City of Lindstrom may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Date

Signature of Applicant