

Experience LIFE in the Park

2024 Billboard license

Thank you for being an integral part of the St. Louis Park business community. Enclosed is the 2024 billboard license application. Payment is due at the same time the application is submitted. Checks should be payable to the "City of St. Louis Park," or we accept Visa, MasterCard, Discover and American Express.

Renewal applications are required to be returned before Jan. 1, 2024. Any application postmarked after Jan. 1, 2024 will be subject to a late fee of either \$50 or 25 percent, whichever is greater.

* Workers Compensation Form - Required

The Minnesota Department of Labor and Industry requires all licensed businesses to complete and submit the attached "Certificate of Compliance" form providing evidence of compliance with the workers' compensation insurance coverage requirement under Minnesota Statutes Chapter 176. Please read, complete, and sign the enclosed form. This form is required with your application. If you have any questions regarding this policy, please contact the Minnesota Department of Labor and Industry at 651.284.5005 for details on how to complete this form. *Please note!* If your current policy expires during the duration of this license, you must resubmit this form or risk suspension of the license.

Submission checklist

Completed, signed and dated 2024 billboard license application
Completed, signed and dated workers' compensation form
List of billboard locations enclosed (required for issuance of license)
Payment

Please return via one of the following methods:

- Mail: Mail application with check or ask that we call for a credit card payment.

City of St. Louis Park

Attn: Building and Energy Dept.

5005 Minnetonka Blvd.

St. Louis Park, MN 55416

- **Email:** <u>inspections@stlouisparkmn.gov</u>. Do not include credit card information in an email; we will call for payment.
- **Fax (secured):** 952.924.2663. You may submit credit card information on a cover sheet, or we will call for payment.

Contact the St. Louis Park Building and Energy Department at 952.924.2588 with any questions you may have regarding the billboard license application.



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2024 Billboard license application

Fee - \$180 per billboard

Business informatio	'n				
Business name: Contact name:					
Street address:					
City:		State:		ZIP code:	
Phone:	Fax:	Fax: Alternate:			
Email:					
☐ List of billboard location	ons enclosed (require	ed for issuance o	of license)		
Must be filled out by app	licant:				
Federal tax ID number:		_ Minnesota Stat	te Tax ID numb	oer:	
Social security number (if	tax ID numbers are	not available):			
cannot be given to either information is to annually law. If you refuse to suppl The undersigned acknowl agrees to comply with all	update our records ly the information, the edges that this appli	and records of o he license may no ication has been	other government of be issued.	ental agencies required by the above is correct and	
Business license fee:		Late fee (if applicable):			
Applicant signature:				Date:	
Office use only:	_				
Total fee paid:					
License #	Date issued: _	Initi	ials:		
Zoning approval:	Building	and Energy appr	roval:		



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

E-mail: dli.license@state.mn.us Web Site: www.dli.mn.gov 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. 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; see https://mn.gov/commerce/industries/insurance/licensing/self-insurance.) 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.

CC0515 Workers Comp