

EXPLOSIVES PERMIT APPLICATION



**CITY OF MOORHEAD
FIRE PREVENTION DIVISION
111 12th Street North, Moorhead, MN 56560
(218) 299-5433 / chad.stangland@ci.moorhead.mn.us**



Issued to (Applicant Name):			
Address of Applicant:			
Telephone Number:			
For Property Located At:			
Owner Name and Address		Contractor Name, Address, and State Certification #:	
		Email:	
Type of Work to be Done:			
Additional Information:			
Permit Fee			
Explosives Permit Fee:			\$50.00

Requirements:

- Plan Review**
- Site map with storage and operational area**
- Attached is the completed and signed Certificate of Compliance Minnesota Workers' Compensation Law Form (Required by Minnesota Statutes, Section 176.182)**

This work shall be done in conformity with all applicable ordinances and statutes of the State of Minnesota, Minnesota State Fire Code and City of Moorhead under the direction of the Fire Chief. Inspections will be made by the Fire Chief or his/her representatives.

**All work is subject to a double permit fee if started before issuance of a permit.
CALL FOR INSPECTIONS REQUIRED (218) 299-5433.**

Applicant Name (Please print clearly): _____

Applicant Signature: _____ Date: _____

Approval by Authorized Fire Personnel:

Approved By: _____ DATE _____
Fire Chief or Representative

OFFICE USE ONLY	PERMIT #	TOTAL FEE	CASH	CHECK #

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.
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
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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.