

Please return all materials and application fee no later than December 20th.



SALVAGE DEALERS LICENSE REQUIREMENTS

LICENSE TERM: February 1st to January 31st

- ___ 1. License fee of:
\$60.00 for 2017
- ___ 2. Completed and signed City application form
- ___ 3. Completed/signed Release of Information form.
- ___ 4. Completed/signed Certification of MN Workers Comp Law form
- ___ 5. \$1,000 Surety Bond certificate
- ___ 6. Completed and signed Tax Information form.
- ___ 7. **New Applicants only**: Submit three Business or Personal Reference Sheets
- ___ 8. Review/keep on file a copy of City Code Chapter 14, Article III

Forward forms to the City of Faribault Administration Office:

City of Faribault
Attn: Carole Dillerud, Deputy City Clerk
208 First Avenue NW
Faribault, MN 55021

Amount Paid \$ _____

Date Paid _____

SALVAGE DEALERS LICENSE APPLICATION
City of Faribault, Minnesota

ALL QUESTIONS MUST BE ANSWERED

I, _____,
(Full Name)

residing at _____,
(Address)

doing business as _____,
(Name of Business)

hereby apply for a Salvage Dealers License for the license period commencing
February 1 _____, _____ and ending January 31, _____.

Business is located at (Not PO Box) _____
(Address)

Business Phone Number _____

within the City of Faribault, in accordance with Minnesota Statutes.

Applicant will strictly comply with the Laws of the State of Minnesota governing salvage dealers regulations and laws of the City of Faribault.

I certify that I have read the foregoing questions and the answers to said questions are true of my knowledge.

Dated: _____
Signature of Applicant

REPORT ON APPLICANT OR APPLICANTS BY POLICE DIVISION

This is to certify that to the best of my knowledge, the applicant, named herein has not been convicted within the past five years for any violations of Laws of the State of Minnesota, or Municipal Ordinances relating to any crime concerning dishonesty, fraud, deceit or immorality except as hereinafter stated.

Dated: _____ Police Chief

City of Faribault
RELEASE OF INFORMATION

**INFORMATION ADVISORY AND AUTHORIZATION
FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION**

In connection with your application for a license, you are being requested to provide information regarding your criminal and financial background that may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide background for the investigation of license applicants required by City Ordinance. Providing the information will assist the Police Department in preparing an Investigative Report for the City Council's review. The Investigative Report is given to the City Council and is used when granting or denying the license. All information provided in that report becomes part of the public record and is available to any interested individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the investigative report provided to Council for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, this fact may be reported to the City Council and may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of Faribault, unless the conviction is directly related to the matter for which the license is sought, according to MN Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

* * * * *

“I acknowledge the above advisory and agree to provide the requested information. I further authorize the release to the City of Faribault of any information about my business and financial affairs, which may be requested from any firm relative to my financial background. I also authorize the City of Faribault to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license.”

Signature of Applicant

Date

Driver's License Number

Date of Birth

If not Minnesota, what State is Driver's License from: _____

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Workers' Comp Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or) _____

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

- I have no employees
 - I am self-insured (include permit to self-insure)
 - I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)
- _____

COMPLETE THE FOLLOWING:

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

NAME:

Doing Business as: _____

Business Address: _____

City, State, Zip: _____ Phone: () _____

*****Signature:** _____ Date: _____

Tax Information Form

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statutes, 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, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
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 may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the licenses. **DO NOT** RETURN TO THE DEPARTMENT OF REVENUE.

License Applied For or Renewed	
Licensing Authority	City of Faribault, 208 NW 1 st Avenue, Faribault, MN 55021
License Renewal Date	

APPLICANT'S PERSONAL INFORMATION (if applicable):

Name	
Street Address	
City, State, & Zip Code	
Social Security Number	

BUSINESS INFORMATION (if applicable):

Business Name	
Street Address	
City, State & Zip Code	
Minnesota Tax ID Number*	*If a Minnesota Tax Identification number is not required, please explain on the reverse side.
Federal Tax ID Number	
MN State Unemployment Compensation Tax #	

(Check here) I certify that by checking this box I do not have any employees and therefore am not required to pay unemployment taxes.

Signature _____ Position (Owner, Officer, Partner, etc.) _____ Date _____

City of Faribault
**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF LICENSE APPLICATION**

RE: _____
(Applicant(s) name, not business name)

AFFIDAVIT

“I am personally acquainted with, and am not a relative of, the above-referenced applicant for a City of Faribault license.”

“I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her honesty and general good character as a reputable citizen.”

“I certify the foregoing statement is true to the best of my knowledge and belief.”

Signature of Affiant

Date

Print Full Name of Affiant

Date of Birth of Affiant

Street Address

City

State

Zip

Home Telephone # (include area code)

(NOTE: Three of these forms are required.)

City of Faribault
**AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF LICENSE APPLICATION**

RE: _____
(Applicant(s) name, not business name)

AFFIDAVIT

“I am personally acquainted with, and am not a relative of, the above-referenced applicant for a City of Faribault license.”

“I have known the applicant personally, have observed his/her conduct for the past five years, and vouch for his/her honesty and general good character as a reputable citizen.”

“I certify the foregoing statement is true to the best of my knowledge and belief.”

Signature of Affiant

Date

Print Full Name of Affiant

Date of Birth of Affiant

Street Address

City

State

Zip

Home Telephone # (include area code)

(NOTE: Three of these forms are required.)

