



# CITY OF FALCON HEIGHTS

2077 W Larpenteur Ave  
Falcon Heights MN 55113  
Phone 651-792-7600. Fax 651-792-7610  
[www.falconheights.org](http://www.falconheights.org)

FOR OFFICE USE
License Number:
Approval Date:
Amount Paid:
Receipt:

## Pedicab Company License Application

\$50.00 - Application Fee

Licensee Name: \_\_\_\_\_  
(Individual, Partnership, Corporation or Association)

DBA Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

If a partnership, corporation, or association, state the name and address of each partner / officer / director.

Partner/Officer Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MN Statute 270C.72 requires your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number. Please provide any applicable numbers below.

State of MN Tax ID Number \_\_\_\_\_ Federal Tax ID / SSN \_\_\_\_\_

### ITEMS REQUIRED FOR LICENSURE:

- Online payment or a check made payable to 'City of Falcon Heights' for the license fee
- Pedicab Information Form (may attach own list)
- Worker's Compensation Form
- Name and address of everyone authorized to operate a pedicab on behalf of the company
- Certificate of Insurance (minimum of \$300,000 / \$500,000 / \$100,000)

*Sec 14-304. The policy must cover \$100,000 for injury or death to one person; \$300,000 for each occurrence; \$100,000 for property damage; must be from a company authorized to do business in MN; must include the name of the insurance company, policy numbers, description of coverage and limits and coverage period. Proof of insurance must be furnished with the application and must indicate 10 days' notice before cancellation.*

**Authorized drivers list:**

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Driver's Name: Home Address:

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Driver's Name: Home Address:

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Driver's Name: Home Address:

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Driver's Name: Home Address:

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Driver's Name: Home Address:

*I make this application with the understanding that any licenses issued hereunder shall be subject to the restrictions and regulation of the municipal code of Falcon Heights, Minnesota.*

*I swear that the above statements are true to the best of my knowledge and belief.*

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*Signature*

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*Date*



Return to the City of Falcon Heights

2077 Larpenteur Avenue West  
Falcon Heights, MN 55113

Email: [mail@falconheights.org](mailto:mail@falconheights.org)  
Website: [falconheights.org](http://falconheights.org)  
Phone: (651) 792-7600  
Fax: (651) 792-7610

## 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.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number:	Effective date:	Expiration date:
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**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>.)

2. **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
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