## **APPLICATION FOR PERMIT RENEWAL**



City of Brooklyn Center 6301 Shingle Creek Parkway Brooklyn Center, Minnesota 55430 763-569-3340

## **INSTRUCTIONS:**

To renew permit(s): make any necessary corrections, sign permit and return to City of Brooklyn Center, along with the license fee by 04/01/2020. Make check payable to: City of Brooklyn Center.

PERMIT Issued to:		<u>Expires</u>	<u>Units</u>	<u>Fee</u>
DBA:		4/01/2022		\$50.00 per bench
Address:				
				Total Fee:
APPLICANT Name:				
Address:				
Contact/Attn:				
Fax:				
Federal Tax Id:				
State Tax Id:				
INSURANCE Pursuant to Minnes	ota Statute, Section 176.182 proof of	Workers' Compensation Liability is	required.	
Insurance compa	any Name: ( <b>NOT</b> the insurance a	agent)	·	
Policy Number:				
Dates of Coverage	ge:			
( ) I have no e ( ) I am self-in ( ) I have no e	ed to have workers' compensation mployees sured (include permit to self-insumployees who are covered by the certain farm employees)	ure)	(these include	e: spouse, parents,

Signature of Applicant

Date