

CITY OF DETROIT LAKES, MINNESOTA
P.O. Box 647, 1025 Roosevelt Avenue
Detroit Lakes, Minnesota 56502

APPLICATION FOR FERTILIZER LICENSE

Applicant: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City/State) (Zip)

Phone #: _____ E-Mail: _____

Name & Address of Any Individual Authorized to Represent Applicant:

Firm Name: _____ Phone# _____

Firm Address: _____
(Street) (City/State)

Type of Business: _____

Description of Lawn Fertilizer Formula Proposed to be Applied on Lawns Within the City:

(Within the City of Detroit Lakes, no liquid or granular fertilizer may be applied which contains any amount **phosphorus or other compound containing phosphorus**, such as phosphate, except; The naturally occurring phosphorus in unadulterated natural or organic fertilizing products such as yard waste composite. The prohibition against the use of fertilizers containing phosphorus shall not apply to: newly established or developed turf and lawn areas during the first growing season; golf courses, turf and lawn areas which are below phosphorus levels established by the University of Minnesota Extension Services and the low phosphorus level is confirmed by soil tests. Phosphorus applied as fertilizer pursuant to the exemptions shall be watered into the soil where it is immobilized and generally protected from loss by runoff.)

Time Schedule for Application of Lawn Fertilizer:

(Lawn fertilizer shall not be applied when the ground is frozen or between November 1st and May 1st)

Identification of Weather Conditions Acceptable for Lawn Fertilizer Application:

(No person, corporation or franchise, including homeowners and renters, shall apply liquid fertilizer if it would cause measurable and observable drift of spray onto non-targeted site area)

Fertilizer Analysis:

(Chemical analysis of lawn fertilizer to be applied certified by an independent testing laboratory shall be given to the City each year when requesting a new license)

(Fertilizer applications shall not be made within ten feet of any wetland or water resource.)

The undersigned hereby applies for the fertilizer license in the City of Detroit Lakes, Minnesota, subject to the laws of Minnesota and the ordinances of the City of Detroit Lakes, and herewith tenders the sum of \$45 as the license fee therefore, for the year ending December 31, 2021.

Signed: _____ Dated: _____

I agree to not use **phosphorus or other compound containing phosphorus-** INITIAL: _____

(Application for license must be made at least 30 days prior to the initial lawn fertilizer application each year within the City.)

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 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 number (if applicable)	Business telephone number	Alternate telephone number
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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		

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 number	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, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 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 [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
Licensing Authority (name of city, county, or state agency issuing license):			
License Renewal Date:			

PERSONAL INFORMATION:

Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

BUSINESS INFORMATION:

Business name			
address	City	State	Zip Code Business
Minnesota tax identification number		Federal tax identification number	
If a Minnesota tax identification is not required, please explain on the reverse side of this form.			

Applicant Signature:

Signature Title Date