



CITY OF WOODLAND

Prior to obtaining a permit in the City of Woodland to install, construct, pump or clean or repair a septic system, the following information must be submitted.

SECTION 310 CONTRACTORS FOR SEWAGE TREATMENT SYSTEMS

Section 310.01 Contractor's License.

Subd. 1. License Required. No person may engage in the business of installing, constructing, upgrading, inspecting, pumping or cleaning sewage treatment systems within the City without first obtaining a license from the State of Minnesota in accordance with state law.

State License # _____

Subd. 2. Insurance. Applicants must file with the Clerk a policy of public liability and property damage insurance which will remain in force and effect during the entire term of the license. Public liability insurance will not be less than \$500,000 for injury to person, \$50,000 for injury to property, and \$500,000 for any single occurrence.

Insurance certificate provided _____ **(Copy attached)**

Subd. 3. MPCA Certificate. Applicants shall hold a current "Individual Sewage Treatment Systems Certificate" issued by the Minnesota Pollution Control Agency. Applicants holding a 'provisional' certificate shall be subject to staff review of the applicant to determine their competence.

Copy of ISTS Certificate # _____ **(Copy attached)**

Subd. 4. Reporting. Each sewage treatment systems contractor completing any pumping, construction, relocation or repair work performed within the City, will provide monthly a report to the City covering any such work done in the previous month, identifying the property, the property owner or other person contracting for the work, and describing the work performed. Any report with respect to pumping shall also include all of the information required under Section 705.06, Subd. 3(d). Each licensed contractor who pumps or otherwise performs any work with respect to a system in the City shall also check to see that its baffles are in proper position, and will, in such report, notify the City with respect to any systems which are discovered by the contractor not to be in proper working order.



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Septic System Contractor's License

Business Name Licensed to perform ISTS work

Business Address _____

City _____ **Zip** _____ **Phone** _____

I certify that the information provided to the City is true and correct to the best of my knowledge:

Applicant's name _____
PRINT

Signautre _____ **Date** _____

No License Fee

Date Received _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.