



December 16, 2020

Dear Applicant:

Enclosed you will find an Application for Catering Permit for the St. Cloud River's Edge Convention Center for 2021. The Application, Certificate of Compliance Minnesota Workers Compensation, Certificate of Insurance and a copy of your COVID-19 Preparedness Plan are due on or before January 31, 2021. The license fee for a 2021 catering permit remains at \$350.00. The Certificate of Insurance must cover the permit period and be in an amount not less than \$2,000,000 naming the City of St. Cloud as an additional insured and as a certificate holder. Refer to enclosed sample Certificate of Insurance.

The catering commission fee for 2021 remains at 15 percent. If your business owes catering commissions for the year 2020, your 2021 application will not be approved until these are paid in full.

In addition, you will need to review a Power Point presentation entitled "St. Cloud River's Edge Convention Center Catering Policies and Procedures for 2021". Please contact Rich Gallus at 320-650-2714 or [rich.gallus@ci.stcloud.mn.us](mailto:rich.gallus@ci.stcloud.mn.us) so that he can email you a copy of the Power Point.

If you have any questions, please feel free to contact me.

Sincerely,



Bill Dunsmoor  
Building Manager

BD:dk  
Enclosures



**APPLICATION FOR CATERING PERMIT**

License Period: January 1, 2021 through December 31, 2021

Company Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

City of St. Cloud Food Catering License #: \_\_\_\_\_

MN Tax ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Website Address: \_\_\_\_\_

(Posted on River's Edge Website and on Catering List)

E-Mail Address (for River's Edge Use) \_\_\_\_\_

LICENSE FEE: \$350.00 (Application submitted prior to 12/31/20)  
\$700.00 (Application submitted after 1/31/21)

I have reviewed the Power Point Presentation entitled "St. Cloud River's Edge Convention Center Catering Policies and Procedures for 2021"

Submit to River's Edge: Application for Catering Permit; Certificate of Compliance for Minnesota Workers Compensation, Certificate of Insurance, copy of COVID-19 Preparedness Plan and license fee.

(OFFICE USE)

Amount Paid: \_\_\_\_\_ Check #/CC \_\_\_\_\_ Date Paid: \_\_\_\_\_

Approved by Manager: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Health Dept: \_\_\_\_\_ Date \_\_\_\_\_

Parking Permit Numbers Assigned: \_\_\_\_\_



CC0515

Mailing Address:  
PO Box 64217  
St. Paul, MN 55164-0217

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [dli.mn.gov](http://dli.mn.gov)  
Phone: (651) 284-5034

### 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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If you have questions about completing this form or to request this form in braille, large print or audio.



## INSURANCE REQUIREMENTS ST. CLOUD RIVER'S EDGE CONVENTION CENTER

For your upcoming event, a Certificate of Insurance is required by River's Edge no later than 14 days prior to the day of the event. The Certificate of Insurance must include the following:

\$1,000,000 - General Liability

\$1,000,000 - Personal Injury

\$2,000,000 - Combined

The certificate must name the "City of St. Cloud" as an additional insured in the "Description of Operations/Locations/Vehicles".

The certificate must also name the "City of St. Cloud" as the Certificate Holder using the address of 400 2<sup>nd</sup> Street South, St. Cloud, MN 56301.

Please see attached sample Certificate of Insurance for reference.



# CERTIFICATE OF LIABILITY INSURANCE

STCLO-1

OP ID: M2

DATE (MM/DD/YYYY)  
03/04/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Mahowald Insurance Agency P.O. Box 129 St. Cloud, MN 56302 Robert L. Mahowald CPCU, CLU		<b>CONTACT NAME:</b> Robert L. Mahowald CPCU, CLU <b>PHONE (A/C, No. Ext):</b> 320-251-3751 <b>E-MAIL ADDRESS:</b> r.mahowald@mahowald.net <b>FAX (A/C, No):</b> 320-251-2373	
<b>INSURED</b> ABC Company/Sample XXX Street Address St. Cloud, MN 56301		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: League of MN Cities INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		12345	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		12345	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	56789	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of St. Cloud is listed as an additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

STCLO-1  City of St. Cloud 400 2nd Street South St. Cloud, MN 56301-3699	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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