



**CITY OF DINUBA
PUBLIC WORKS**
1088 E. KAMM AVENUE
(559) 591-5906 FAX (559) 595-1922

NON-PROFIT APPLICATION

NAME OF ORGANIZATION: _____

LOCATION OF FUNCTION: _____

DATE OF FUCTION: _____ TIME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF FUNCTION: _____

LOCATION MANAGER(S) SIGNATURE: _____ DATE: _____

PERSON(S) IN CHARGE: _____

DIRECTOR'S NAME: _____
NAME TITLE ADDRESS PHONE

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

1. _____
NAME TITLE ADDRESS PHONE

2. _____
NAME TITLE ADDRESS PHONE

The City of Dinuba requires a certificate of Worker's Compensation, naming the City of Dinuba as certificate holder on all businesses operating within the City. If you do not have worker's compensation insurance, or you do not have employees, please sign the waiver the other side of this form.

WORKER'S COMPENSATION CARRIER: _____

POLICY NUMBER: _____ EXPIRATION: _____

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

APPLICATION ACCEPTED BY: _____ DATE: _____

WORKER'S COMPENSATION WAIVER

CERTIFICATE PURSUANT TO CALIFORNIA LABOR CODE SECTION 3711

NO EMPLOYEES SUBJECT TO LAW

I, the undersigned, certify that the performance of work for which this license is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Law of California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, and correct and that this declaration was executed on this _____ day of _____, 20____, in _____, California.

BY: _____ (Signature) _____ (Organization Name)

EMPLOYEES BUT NO INSURANCE

I, the undersigned, certify that the performance of work for which this license is issued, I do employ persons that are subject to the Worker's Compensation Law of California. Furthermore, I declare that I do not have such Worker's Compensation Insurance for said employees.

I, declare under the penalty of perjury under the laws of the State of California that the foregoing is true, and correct and that this declaration was executed on this _____ day of _____, 20____, in _____, California

BY: _____ (Signature) _____ (Organization Name)