

MINNESOTA BOARD OF ACCOUNTANCY

85 East 7th Place, Suite 125

Phone: 651-296-7938

St. Paul, Minnesota 55101-2143

Fax: 651-282-2644

TTY: 800-627-3529

www.boa.state.mn.us

Initial Application for a Sole Proprietor Firm Permit

Fee - * Beginning on and after July 1, 2009, a \$5.00 surcharge is required in addition to the \$35.00 application fee, for a total of **\$40.00**. For firms with one or more offices in another state, a \$6.80 surcharge is required in addition to the \$68.00 renewal fee, for a total of **\$74.80**. All firms are required to renew on an annual basis.

Does your firm have one or more office locations in a State other than Minnesota? Yes No

If yes, your firm permit application fee is **\$74.80** if no, your firm permit application fee is **\$40.00**.

Certificate Number: _____

Name of Sole Proprietor Firm: _____

(The name of the firm must be approved by the Board and must contain the surname of the Sole Proprietor.)

Firm address: _____

Phone number: _____ Fax number: _____

List all employees of your firm – list CPAs or RAPs only:

<u>Name</u>	<u>Certificate/ Registration #</u>	<u>State of Residence</u>	<u>Practice in Minnesota:</u>	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

As a condition of issuance of the firm permit, I certify that the following statements are true. If the statements below do not apply to your firm, please mark N/A next to the statement:

- All individual employees who hold a certificate or have been granted practice privileges under Minnesota Statute 326A.14 (2008), and who are responsible for supervising attest or compilation services or who sign or authorize someone to sign an accountant's report on financial statements on behalf of the firm, have met the competency requirements set out in professional standards for such services.
- All attest and compilation services rendered by the firm in this state are under the charge of a person holding a valid certificate with an active status or a person who has been granted practice privileges under Minnesota Statute 326A.14 (2008).
- The firm has an audit documentation retention and destruction policy that complies with Minnesota Rule 1105.7800 (F) (2007).
- The firm has verified that all persons listed above either have Active certificates for 2010 or have completed a Non-CPA Owner of Firm Statement and registered with the Board.

Name of firm: _____ Date: _____

Printed name of certificate holder/owner: _____

Signature: _____

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Sole Proprietor Quality Review Statement

A firm is exempt from the Quality Review requirement specified in Minnesota Rule 1105.4000 if it annually represents to the Board that it has not issued attest or compilation reports, that it does not intend to engage in such practices during the following year, and that it shall immediately notify the Board in writing if it engages in such practice.

1. Did or will your Sole Proprietorship do one or more of the following?

	201&		201%	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audits of Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reviews of Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compilations of Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Examinations of Prospective Financial Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A copy of your Quality Review report is due to the Board no later than 15 months after the end of the year under review or within 30 days of receipt of the Report Acceptance Body letter, whichever is earlier. You are required to send to the Board the following items:

• Final Acceptance Letter	• Reviewer's Report	• Letter of Comment (LOC), if any
• Letter of Response (LOR), if any	• Agreements for Corrective Action, if any	

If the year under review is a calendar year, which year is the next for which a review is required? _____

If not a calendar year, what is the beginning and ending month and year of the period under review?

From _____ / _____ to _____ / _____.

Name of Reviewer, if known: _____

Once established, the initial year under review and subsequent three-year periods cannot be changed without advanced approval by the Board.

***If you answered yes to any part of question 1, you must complete the information above and sign the following affidavit:**

I certify that this information is correct and I understand that any deliberate misrepresentation may result in suspension and/or revocation of my certificate.

Name of Sole Proprietor: _____ Date: _____

Signature: _____

***If you answered no to all parts of question 1, you are required to complete the following affidavit:**

Under oath, I do solemnly swear that during the past year my Sole Proprietorship did not perform attest or compilation services or perform any other services as specified in Minnesota Rules 1105.4900. I do not plan to perform attest or compilation services in the coming year, and if I do engage in such practice, I will immediately notify the Board. I, therefore, request exemption under Minnesota Rule 1105.4900 from the practice monitoring requirements of the Minnesota State Board of Accountancy Rules. I further certify that this information is correct and understand that any deliberate misrepresentation may result in the suspension and/or revocation of my certificate.

Name of Sole Proprietor: _____ Date: _____

Signature: _____

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WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

Minnesota Statute, Section 176.182 requires every state and local agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage of Minnesota Statute Chapter 176. The information required is the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. *This information will be collected by the licensing agency and retained in their files.*

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if the information is not provided and/or falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (NOT the insurance agent):			
Policy Number:			
Dates of Coverage:		to	

or

I am not required to have Workers' Compensation liability coverage because:	
<input type="checkbox"/> I have no employees. <input type="checkbox"/> I am self-insured (include permit to self-insure). <input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include spouse, parents, children and certain farm employees).	
Name:	
Doing Business As:	
<i>(Business name if different than your name - This must be a firm name approved by the Board.)</i>	
Business Address:	

I certify that the information provided above is accurate and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Signature	Date

*The Minnesota Office of Enterprise Technology (OET) recently sponsored and the Minnesota Legislature passed legislation requiring a 10% surcharge of no less than \$5 and no more than \$150 on each business, commercial, professional or occupational license. The funding from this surcharge will go to OET, which will establish an electronic licensing system for the state. The surcharge will be in place through June 30, 2015. See Laws of Minnesota 2009, Chapter 101, Article 2, Section 59.