

CITY OF HOT SPRINGS

WORKER'S COMPENSATION STATEMENT OF NON-PARTICIPATION

South Dakota State Law does not require a proprietorship or partnership to participate in the State Worker's Compensation program as long as no person is employed by the same. The below listed partnership or proprietorship has no employees and does not participate in the South Dakota Worker's Compensation program.

Name of Business

Physical Address

City/State/Zip

Mailing Address

Name of Owner(s) and Partner(s)

I/We certify that the above statements are true, and further agree to immediately notify the City of Hot Springs Building Inspection/Development Coordinator in writing of any changes regarding the information on this form.

Authorized signature of owner or owner's agent

Date