

CITY OF FRIDLEY INSPECTIONS DIVISION

6431 University Avenue NE, Fridley, MN 55432
(763) 572-3604/ Fax 763-502-4977

CONTRACTOR LICENSE

LICENSE TERM: May 1 - April 30, 2012

APPLICATION FOR CITY LICENSE - \$35 LICENSE FEE EACH

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Blacktopping | <input type="checkbox"/> Commercial or Specialty | <input type="checkbox"/> Plastering |
| <input type="checkbox"/> Chimney Sweep | <input type="checkbox"/> HVAC | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Masonry | <input type="checkbox"/> Sign Erector |
| <input type="checkbox"/> Gas Services | <input type="checkbox"/> Oil Services | <input type="checkbox"/> Wrecking |

REGISTRATION FOR STATE LICENSED CONTRACTORS – NO FEE

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mobile Home Installer | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Residential Contractor | <input type="checkbox"/> Moving | <input type="checkbox"/> Well Driver |

TO THE HONORABLE CITY COUNCIL:

I herewith submit an application for license to perform construction within the City of Fridley in accordance with the City Code of said City regulating the same. I am over twenty-one years of age.

Submitted herewith is a Certificate of Insurance evidencing the holding of Public Liability Insurance in the limits of \$50,000 per person, \$100,000 per accident for bodily injury and \$25,000 for property damage, and Workers Compensation as required by Minnesota Statute 176.182.

ATTACHED ARE COPIES OF CERTIFICATES OF INSURANCE FOR LIABILITY AND WORKERS COMPENSATION

Name of Liability Insurance Company

Liability Insurance Policy Number

Policy Term

Name of Workers Comp. Insurance Company

WC Policy Number

Policy Term

Name of Company to be Licensed/Registered

Name of Contract Person (First/Last Name)

Address of Company

City/State/Zip + 4 digits

Business Telephone/Business Fax

* Minnesota License #
* **ATTACH COPY OF STATE LICENSE**

FILL IN REVERSE SIDE OF FORM

For Office Use Only:

Receipt # _____ License# _____ Council Approval Date _____

Form

State of Minnesota

SP:C1

License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The Licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply the information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information **and return this form along with your application to the agency issuing the license.** Do not return this form to the Department of Revenue.

Personal information:

Proof of Workers Compensation Insurance Coverage

Minnesota Statute 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS 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, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above in the spaced provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

- I am not required to have workers' compensation liability coverage because:
- I have no employees covered by the law.
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

Applicant's last name	First name	Middle name	Date of birth	Social Security number
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Applicant's address	City	State	Zip Code
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Business name

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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Signature	Title	Date
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