



City of Inver Grove Heights
 8150 Barbara Avenue
 Inver Grove Heights, MN 55077
 Inspections Department
 Phone: 651-450-2550
 Fax: 651-450-2502
www.invergroveheights.org

2018
CITY CONTRACTOR
LICENSE APPLICATION

PLEASE ATTACH CERTIFICATE OF INSURANCE
(FOR LIABILITY AND WORKERS COMPENSATION)

\$50 FEE (FOR CALENDAR YEAR)

 FIRM NAME

 STREET ADDRESS

 CITY STATE ZIP CODE

 TELEPHONE FAX E-MAIL

 FIRM OWNER/PRESIDENT (PRINT)

TYPE OF WORK

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> **GENERAL CONTRACTOR | <input type="checkbox"/> POOLS | <input type="checkbox"/> HOOD CLEANING |
| <input type="checkbox"/> MECHANICAL
(INCLUDE COPY OF MECHANICAL BOND) | <input type="checkbox"/> FENCES | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> EXCAVATION | <input type="checkbox"/> SIGNS | <input type="checkbox"/> OTHER _____ |

**NOTE: General contractors and remodelers for residential (up to four units) must be licensed by the State of Minnesota

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the City of Inver Grove Heights may from time to time prescribe.

 SIGNATURE OF OWNER/PRESIDENT

 DATE



FOR OFFICE USE

LICENSE # 2018 - _____ LIABILITY INSURANCE EXPIRES _____

MECHANICAL BOND EXPIRES _____ WC INSURANCE EXPIRES _____

OTHER _____ INSPECTION DEPT: Approved by _____ Date _____

LICENSE FEE \$ 50.00 Account #AK Receipt # _____ Date _____

Method of payment _____

**STATE OF MINNESOTA TAX ID FORM
LICENCE APPLICATION 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.

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 in Information Act, the Department of Revenue is allowed to supply this 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 to the licensing agency. Do not return to the Department of Revenue.

Type of license being applied for

Licensing authority (name of city, county, or state agency issuing license)

License renewal date

Personal information:

Applicant's last name

First name & initial

Applicant's address

City

State

Zip code

Business information:

Business name

Business address

City

State

Zip code

Minnesota tax ID number

Federal tax ID number

If you do not have a MN tax id or Federal tax id provide your social security number:

Signature

Title

Date

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)
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WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.