

# City of Robbinsdale



## Engineering Department

## CONTRACTOR LICENSE APPLICATION

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 [permits@ci.robbinsdale.mn.us](mailto:permits@ci.robbinsdale.mn.us)

The City Ordinance requires that the data requested in this application must be submitted in order for the city to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The city staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility, is determined by the provisions of the licensing ordinance and other applicable laws, and shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the city engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

### PLEASE SELECT ALL LICENSES THAT APPLY: **\$50 EACH PER CALENDAR YEAR**

- |                                       |   |                                   |  |
|---------------------------------------|---|-----------------------------------|--|
| <input type="radio"/> CONCRETE        | <input type="radio"/> FIRE SUPPRESSION      | <input type="radio"/> MECHANICAL  | <input type="radio"/> SIDING/STUCCO                |
| <input type="radio"/> CRANE OPERATION | <input type="radio"/> GENERAL CONTRACTOR    | <input type="radio"/> PLUMBING    | <input type="radio"/> SIGN                         |
| <input type="radio"/> DEMOLITION      | <input type="radio"/> MASONRY               | <input type="radio"/> ROOFING     | <input type="radio"/> SOLID WASTE (\$50 per truck) |
| <input type="radio"/> EXCAVATION      | <input type="radio"/> COMMERCIAL CONTRACTOR | <input type="radio"/> SEWER/WATER | <input type="radio"/> TREE/LAWN FERTILIZER         |

**TOTAL FEE \$:** \_\_\_\_\_

I / WE, \_\_\_\_\_, HEREBY MAKE APPLICATION TO THE HONORABLE CITY COUNCIL FOR THE APPROVAL OF A CONTRACTOR LICENSE SUBJECT TO THE PROVISIONS OF CITY ORDINANCE. I DO HEREBY SWEAR THAT THE ANSWERS AND STATEMENTS INCLUDING ATTACHED INFORMATION SET FORTH BY ME IN THIS APPLICATION ARE TRUE.

Business Name or D.B.A.:		Applicant Name & Title:	
Business Street Address:	City:	State:	Zip:
Business Phone Number: <small>(This Number Will Also Be Listed On Our Website)</small>		Email Address:	

### THE FOLLOWING INFORMATION IS REQUIRED FOR CITY LICENSING

- **A certificate of Liability Insurance** of not less than \$1,500,000 combined single limit issued by an insurance company authorized to do business in the state of Minnesota. The city must be named as certificate holder, or additional insured, on the insurance certificate depending upon the provisions of the contract. Any requests for lesser amounts of insurance require prior council approval. The policy must provide that it may not be cancelled by the issuer except upon ten days' written notice to the city. The policy of insurance must be maintained in its original amount by the licensee during the period for which the license is in effect. If the insurance is cancelled, the license or permit will be automatically suspended until the insurance is replaced.
- **A Certificate of Workers' Compensation Insurance**, if applicable, and
- **A copy of all applicable State Licenses.** (Master Plumbers, Plumbing Contractor, Mechanical Bond, Surety Bond etc.)
- **License Fee**

Once your license is issued, your company name and contact information will be available on our city website at [www.robbinsdalemn.com](http://www.robbinsdalemn.com).



### MINNESOTA TAX CLEARANCE

- The licensing authority is required to provide to 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 are required to advise you of the following regarding use of this information: (1) This information may be used to deny insurance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; (2) Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of information agreement, the Department of Revenue may supply this information to the Internal Revenue Service; (3) Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

**This information will be collected by the licensing agency and retained in their files.**

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:			
APPLICANT'S NAME (LAST, FIRST, MI):			SOCIAL SECURITY NUMBER
HOME ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
<b>BUSINESS INFORMATION</b>			
BUSINESS NAME:			
BUSINESS ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
MINNESOTA TAX IDENTIFICATION NUMBER:		FEDERAL TAX IDENTIFICATION NUMBER:	
IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:			

SIGNATURE

POSITION (Officer, Partner, etc.):

DATE SIGNED

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)
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DBA ("doing business as" or "also known as" an assumed name), if applicable
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Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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- I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered
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I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name		
Applicant signature (required)	Title	Date

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



## CREDIT CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

**\*NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card\*

To make a payment by credit card, please provide the following information:

VISA  MASTER CARD  AMERICAN EXPRESS  DISCOVER

NAME OF CARD HOLDER: \_\_\_\_\_

CREDIT CARD ACCOUNT NUMBER: \_\_\_\_\_

CREDIT CARD EXPIRATION DATE: \_\_\_\_/\_\_\_\_

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

(For example, if the credit card you are using has a billing address of 4100 Lakeview Ave N., Robbinsdale, MN, 55422, the zip code entered on this line is 55422)