City of MOUNDS VIEW

2401 Mounds View Boulevard
Mounds View MN 55112-1499
(763)717-4020 Fax (763)717-4019
Email: Permits@moundsviewmn.org

LICENSE # _____

CITY CONTRACTOR'S LICENSE APPLICATION

Date Submitted: _____
Date Applicant Notified: _____

Applicant Information

Company Name:		
Mailing Address:		
City:	State:	Zip:
Company Email Address:		
Contact Name:		
Contact Phone Number:	Cell Phone Number:	Contact Fax Number:
Federal Tax ID #:	MN Tax ID #:	SSN:

License Type

- ☐ Commercial
- ☐ Fire
- ☐ Mechanical (Bond Required)
- ☐ Specialty (_____)
- ☐ Tree (arborist #_____)
- ☐ Zoning (Sign Bond Required)

Required Submittals:

- **Payment of $60**
- **Attach a Certificate of Liability Insurance:** The City of Mounds View needs to be listed as the Certificate Holder and Public Liability Per Person: $1,000,000; Public Liability Per Occurrence: $500,000;
- **Attach a Certificate of Worker's Compensation** to the minimum acceptable levels of the State of Minnesota.
  OR: Sign Worker's Compensation Waiver:

Worker's Compensation Wavier

If you are a sole proprietor and have chosen not to carry worker's comp, the following waiver must be signed:
As a sole proprietor or partnership, I/we have chosen not to carry Worker's Compensation Insurance on myself/ourselves.

_____ _____
Authorized Signature Date

Notices and Authorizations:

No work shall be done under this license until the insurance policies have been filed and approved by the City of Mounds View Code Enforcement Division.

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the City of Mounds View is required to provide to the Minnesota commissioner of Revenue the Minnesota business tax identification number and social security number of each 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 the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the City of Mounds View 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;
- Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

The above signed applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Mounds View may from time to time prescribe. The above-named firm hereby applies for a license for the term of one year, this term beginning January 1, 2022 to December 31, 2022 with the City of Mounds View, Minnesota.

Applicant Signature_____ Date _____

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 Minnesota Statutes 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

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.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code

County	Email Address

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)		NAIC number

Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minnesota Statute § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minnesota Statute § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

_____

_____

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**

NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.