CITY OF ST. PAUL PARK
CITY LICENSE APPLICATION – MECHANICAL CONTRACTOR

PLEASE PRINT OR TYPE

Date: ___________ (check one) New ____ Renewal ____

Business Name: ___________________________ Business Phone: ____________

Business Address: _________________________________
街号 城市, 州, 邮编

Applicants Full Name: ________________________________

Applicants Home Address: _________________________________
街号 城市, 州, 邮编

Signature ___________________________ Applicants Title: __________________________

NOTE: Licensing fee is $25.00 and must accompany application form. A copy of your “Certificate of Insurance” is also required along with application, with minimum of $100,000 for injuries, including accidental death to any one person; $300,000 on account of any one accident; and $50,000 for damage to property. Attached Workers' Compensation form must also be completed and submitted with application. Include a copy of current Mechanical Bond Certificate.

(APPLICATION ACCEPTED ONLY WHEN ALL REQUIRED FORMS ARE COMPLETE AND RECEIVED)

CITY LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

(Office Use)

Application/Fee Received _______
Certificate of Insurance Verified
Better Business Bureau
Mechanical Bond Verified

Approved______ Rejected______
Approved______ Rejected______
Approved______ Rejected______

Rev 10/17
CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant (person signing the application).

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:

1. This information may be used to deny the issuance, 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 processing of your license issuance.

Please supply the following information and return along with your application:

<table>
<thead>
<tr>
<th>Type of License:</th>
<th>MECHANICAL CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Name:</td>
<td></td>
</tr>
<tr>
<td>Applicant’s Address:</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Applicant’s Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Business Name:</td>
<td></td>
</tr>
<tr>
<td>Business Address:</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>MN Tax ID # OR Social Security Number:</td>
<td></td>
</tr>
<tr>
<td>If a Minnesota Tax ID number is not required, please explain:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>License or certificate number (if applicable)</th>
<th>Business telephone number</th>
<th>Alternate telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DBA (&quot;doing business as&quot; or &quot;also known as&quot; an assumed name), if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business address (must be physical street address, no P.O. boxes)</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>County</td>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Insurance company name (not the insurance agent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy number</td>
</tr>
</tbody>
</table>

☐ 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.)

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

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

<table>
<thead>
<tr>
<th>Applicant signature (required)</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

LIC 04 (11/16)
City of St. Paul Park
600 Portland Avenue
St. Paul Park MN 55071

Minnesota Government Data Practices Act – Chapter 13
“Tennessee Warning”

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (13.41, Subd. 5).

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, Subd. 2):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes of rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

Under law, private data may be shared with licensing and inspection employees, approval authorities insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of St. Paul Park may make any data classified as private or confidential accessible to an appropriate person or agency if the license agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

______________________________  ______________________
Signature of Applicant          Date

9/19