

CITY OF COLUMBIA HEIGHTS
3989 Central Avenue NE
Columbia Heights, MN 55421
License Dept. 763-706-3670

FEE: \$ 80.00
Date Received: _____
Payment Method: _____

CONTRACTOR'S LICENSE APPLICATION

Year Applying For: _____

Company/Business Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fed Tax ID # _____ Minnesota Sales Tax Number: _____

State License/Bond Number: _____ State License Expiration Date: _____

Type of Work to Be Conducted: _____

Preferred Company Contact Name(s): _____

Preferred Company Email(s): _____

APPLICANT'S FULL LEGAL NAME: _____
(Please Print) (First) (Middle) (Last)

In conjunction with this application, a License/Permit Bond in the amount of **\$3,000.00** is required to be submitted payable to the City of Columbia Heights, conditioned upon compliance with the applicable code of said City. Also required will be a Certificate of Insurance in the limits of **\$100,000** per person, **\$300,000** per accident for bodily injury and **\$10,000** for property damage and a Certificate of Insurance evidencing the holding of Workman's Compensation as required by law.

Mechanical Contractors: Attach a copy of your State Mechanical Bond, along with a Certificate of Insurance (showing Liability and if applicable Worker's Comp.)

The above described documents will be required to be on file in this office prior to any permits being issued for work in the Columbia Heights.

Have you ever had your license revoked or suspended? No ___ Yes ___; if yes, please state location and explain: _____

As an applicant, it is my understanding that falsification of any item on this application is sufficient reason upon which to base a denial of said license. Such license shall be valid for the calendar year in which it is issued and must be renewed at the commencement of each subsequent calendar year. (expiration date is December 31st of each year)

APPLICANT'S SIGNATURE: _____ Date: _____

Office Use Only:

Bond Expiration: _____

Insurance: L- _____

WC- _____

City License #: _____

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS COMPENSATION LAW

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 requirements 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 license 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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Co Name _____
NOT the Insurance Agent

Policy Number _____

Date of Coverage _____ to _____

I am not required to have workers compensation liability coverage because:

I have no employees

I have no employees who are covered by the workers compensation law (these include Spouse, Parents, Children, and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Name _____

Doing Business as _____
Business name if different than your name

Business Address _____

City, State, Zip _____ Phone _____

Signature: _____ Date: _____

NOTICE

The data requested of you will be used in considering your application for said license and will be disseminated to the public. You are not legally required to allow the City of Columbia Heights to obtain the data, however, failure to supply said data may result in disapproval of your application. Further, the City of Columbia Heights may receive from other governmental agencies, including but not limited to the Bureau of Criminal Apprehension, Minnesota Department of Public Safety, data relating to the consideration of your application. Said data may be classified pursuant to Minnesota Statute #15.162 et. seq. as private and therefore, cannot be released to the public without your written consent.

WAIVER

I have read the above and understand that any data concerning my application which is classified as private pursuant to Minnesota Statute #15.162, et. seq. may not be released to the public without my permission. I also understand that said data must be considered by the Columbia Heights City Council at a public meeting in considering my license application and, accordingly, will be publicly disseminated. Therefore, I hereby authorize the release of all of said data by the Columbia Heights City Council or agents or employees thereof at any City Council meeting at which my license application is considered. Said information shall not be released if I withdraw my license application by personally serving written notice of said withdrawal upon the Columbia Heights City Manager prior to said Council meeting.

SIGNATURE: _____

WITNESS SIGNATURE: _____

Date: _____