



APPLICATION FOR CONTRACTOR'S LICENSE

City of New Brighton
803 Old Highway 8 NW
New Brighton, MN 55112
(651) 638-2050
(651) 638-2044 fax

CITY LICENSE NO. _____

APPLICATION FEE: **\$170.00 (LICENSE PERIOD: MARCH 31, 2016 THROUGH MARCH 31, 2017)**

DATE: _____

NAME OF COMPANY: _____ PHONE NO. _____

NAME OF CONTACT PERSON: _____

BUSINESS ADDRESS: _____

EMAIL: _____

NAME OF INSURANCE COMPANY: _____

INSURANCE EXPIRES: (LIABILITY) _____ (WORKERS COMP.) _____ (ATTACH CURRENT COPY)

STATE LICENSE NO. _____ (ATTACH CURRENT COPY)

STATE LICENSE EXPIRATION DATE: _____

(THE LICENSE SHALL NOT BE VALID UNTIL A CERTIFICATE OF INSURANCE IS FURNISHED SHOWING WORKERS' COMPENSATION COVERAGE. WORKERS' COMPENSATION INSURANCE REQUIREMENTS MAY BE WAIVED IF THE APPLICANT IS SELF-EMPLOYED; AND LIABILITY COVERAGE IN THE AMOUNT OF \$300,00/PERSON, \$300,00/OCCURRENCE, \$500,00/ACCIDENT, \$100,000/PROPERTY DAMAGE.)

DATA PRACTICES ADVISORY (TENNESSEN WARNING)

SOME OR ALL OF THE INFORMATION THAT YOU ARE ASKED TO PROVIDE ON THIS FORM IS CLASSIFIED BY STATE LAW AS EITHER PRIVATE OR CONFIDENTIAL. PRIVATE DATA IS INFORMATION THAT GENERALLY CANNOT BE GIVEN TO THE PUBLIC BUT CAN BE GIVEN TO THE SUBJECT OF THE DATA. CONFIDENTIAL DATA IS INFORMATION THAT GENERALLY CANNOT BE GIVEN TO EITHER THE PUBLIC OR THE SUBJECT OF THE DATA. OUR PURPOSE AND INTENDED USE OF THIS INFORMATION IS TO COMPLY WITH MN STATUTE § 270C.72 WHICH REQUIRES THE CITY TO PROVIDE THE MN DEPARTMENT OF REVENUE WITH FEDERAL TAX IDENTIFICATION NUMBERS, STATE TAX IDENTIFICATION NUMBERS AND SOCIAL SECURITY NUMBERS FOR ALL PROFESSIONS, OCCUPATIONS, TRADES AND BUSINESSES LICENSED BY THE CITY OR WHOSE LICENSE IS REGISTERED WITH THE CITY. YOU ARE LEGALLY REQUIRED TO PROVIDE THIS INFORMATION. IF YOU REFUSE TO SUPPLY THE INFORMATION, YOUR LICENSE APPLICATION MAY BE DELAYED OR DENIED. PERSONS OR ENTITIES AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION INCLUDE CITY STAFF MEMBERS WHOSE JOB REQUIRES THEM TO ACCESS IN ORDER TO PROCESS YOUR APPLICATION, LAW ENFORCEMENT OFFICERS WHO ARE IMPLEMENTING THE NEW BRIGHTON CRIME FREE HOUSING PROGRAM AND OTHER INITIATIVES AS WELL AS THE MN DEPARTMENT OF REVENUE.

PLEASE INDICATE TYPE OF WORK TO BE PERFORMED:

_____ CONCRETE/MASONRY _____ EXCAVATORS _____ ROOFERS

_____ COMM. CONTRACTORS _____ WATERPROOFERS _____ GAS FITTER

_____ HVAC

SIGNATURE OF APPLICANT _____

TITLE

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64228
St. Paul, MN 55164-0228
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Reset

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

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. 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

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

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

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

NUMBER 1

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2

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

- I have no employees.
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change 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.