

200 Civic Heights Circle  
 Circle Pines, MN 55014  
 Phone: 763-784-5898  
 Fax: 763-785-2859  
 KSchmalzer@ci.circle-pines.mn.us  
 www.ci.circle-pines.mn.us



<b>Office Use Only</b>
Date Paid: _____
Amount Paid: \$ _____

## Contractor License Application

No application necessary if MN State licensed. *(Must provide copy of State license in lieu of this app.)*

I hereby make application for:  
*(Check box/s)*

- Asphalt Contractor
- General Contractor-Building Construction
- Masonry Contractor
- Heating Contractor
- Other (Specify) \_\_\_\_\_

**Company Information:**

Business Name	
D.B.A. (Doing Business As) <i>If different than Business Name</i>	
Business Address <i>(include City, State, Zip)</i>	
Phone	Minnesota Tax Identification Number*

\* If a Minnesota Tax ID Number is not required for the business being operated, indicate that by placing an x in the adjacent box.

**Responsible Party:**

Name of Licensed Applicant or Authorized Representative <i>(First, Middle Initial, Last)</i>	
Home Address <i>(include City, State, Zip)</i>	
Phone	Email
Social Security Number of Applicant*	Position (Partner, Officer, etc.) of Applicant

\*Please provide social security number, if unable to provide MN Tax ID number

**NOTE:** Permits must be obtained from the City before work is commenced.

**LICENSE TERM:** City licenses expire every year on December 31.

**FEE:** \$50

## REQUIREMENTS

1. **Liability Insurance** (*Attach Copy*): The licensee is required to maintain at all times a certificate of insurance showing the following information:
  - a. General Liability Insurance - minimum limit of \$1,000,000 each occurrence
  - b. General Liability Insurance - minimum limit of \$2,000,000 general aggregate
  - c. The City of Circle Pines must be listed as Certificate Holder & Additional Insured
2. **License Bond** (*Attach Copy*):  
Mechanical contractors: \$25,000 State bond;  
Sign contractors: \$8,000 State bond or City bond;  
All other contractors: \$2000 City (Surety) bond
3. **\$50.00 fee**
4. **Worker's Compensation Insurance** as required by law (*Complete Attached Form*)
5. **Department of Revenue Requirement** (*Read & Sign Below*)

## NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (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** and the **social security number** of each license applicant.

Under the Minnesota Government 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 or renewal of your city license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the City of Circle Pines 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 or renewal application.

---

Signature

Date

- CERTIFICATE 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 Requirement of MSS Chapter 176. The information required is: The name of the insurance company, 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 licenses 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (Not Insurance Agent) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

**(or)**

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

- I have no employees.
- I am self-insured (include evidence of self-insurance).
- 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.

---

Signature

Date