



**APPLICATION FOR LICENSE - JAN. 1, 2021 TO DEC. 31, 2021**

Application is hereby submitted for license to do work within the City of Burnsville, Minnesota, in accordance with the Ordinances of the City regarding the same.

**Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Name of Licensee:** \_\_\_\_\_ **State License No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **REQUIRED**

**Lead Certification #** \_\_\_\_\_ **Issue Date** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Application must be submitted with the following:**

- Certificate of Insurance / Certificate of Workmen's Compensation**
- Copy of State Bond/License (\$25,000 State Bond in lieu of \$2,000 Bond per license)**

**LICENSE FEES:**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> <b>Heating, Ventilation, &amp; A/C</b> | <b>\$140.00</b> |
| <input type="checkbox"/> <b>Refrigeration (Commercial only)</b> | <b>\$140.00</b> |
| <input type="checkbox"/> <b>Gas Piping</b>                      | <b>\$140.00</b> |

**TOTAL FEES DUE:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# Certificate of Compliance

## Minnesota Workers' Compensation Law

**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. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.**

|  |                                      |
|--|--------------------------------------|
| BUSINESS NAME (Individual name only if no company name used) | LICENSE OR PERMIT NO (if applicable) |
|--|--------------------------------------|

DBA (doing business as name) (if applicable)

|   |      |       |          |
|---|------|-------|----------|
| BUSINESS ADDRESS (PO Box must include street address) | CITY | STATE | ZIP CODE |
|---|------|-------|----------|

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

|  |                |                 |
|--|----------------|-----------------|
| WORKERS' COMPENSATION INSURANCE POLICY NO. | EFFECTIVE DATE | EXPIRATION DATE |
|--|----------------|-----------------|

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

I have no employees.

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: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

|                                 |       |      |
|---------------------------------|-------|------|
| APPLICANT SIGNATURE (mandatory) | TITLE | DATE |
|---------------------------------|-------|------|

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit 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.

**TAX IDENTIFICATION FORM****LICENSE APPLICANT:**

Pursuant to \*Minnesota Statute 270C.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 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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant \_\_\_\_\_

Social Security #\* \_\_\_\_\_

For individual business owner only, not partnership, corporation, etc.

Type of Business \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain below.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*2008 Minnesota Statutes****270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.****Subd. 4. Licensing authority; duties.**

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**History:** [2005 c 151 art 1 s 87](#)