



## CONTRACTOR LICENSE APPLICATION

City of Oak Park Heights  
14168 Oak Park Blvd. N.  
P.O. Box 2007  
Oak Park Heights, MN 55082

TELEPHONE: DIRECT: (651) 351.1661 GENERAL: (651) 439-4439 ~ FAX: (651) 439-0574  
Email: [jhultman@cityofoakparkheights.com](mailto:jhultman@cityofoakparkheights.com)

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
E-mail \_\_\_\_\_

### LICENSE REQUIREMENTS

- Fee based on trade. State license is required for residential general contracting, roofing, plumbing and fire protection. Mechanical Contractors require MN State Surety Bond.
- Certificate of Insurance, minimum coverage, \$100,000 per person, Public Liability; \$250,000 per accident, Bodily Injury; and \$100,000 Property Damage. CITY OF OAK PARK HEIGHTS MUST BE NAMED AS AN ADDITIONAL INSURED on this policy.
- Agreement to hold CITY OF OAK PARK HEIGHTS harmless for ALL claims of damage liability that may come against the license/permit holder.
- Proof of WORKERS COMPENSATION INSURANCE if required, by law, to be carried.
- State and Federal Tax Identification numbers pursuant to MN STATE STATUTE 270.72.
- The CONTRACTOR further agrees to adhere to all OSHA STANDARDS, UNIFORM TRAFFIC CODES and any CITY CODES AND STANDARDS that may apply to this license.
- License period: January 1 to December 31 of each year. Cancellation will occur upon failure to provided continued proof of insurance coverage.

### LICENSE CLASSIFICATIONS:

- |   |   |
|---|---|
| _____ Blacktopping - \$30                   | _____ Commercial General Contractor - \$50  |
| _____ Building Moving - \$30                | _____ Heating, Ventilation & A/C - \$30     |
| _____ Concrete and Masonry - \$30           | <b>** Attach copy of MN Mechanical Bond</b> |
| _____ Excavating/Grading - \$30             | _____ Outside Sewer & Water - \$30          |
| _____ Pool Installation - \$30              | _____ Siding - \$30                         |
| _____ Irrigation System Installation - \$30 | _____ Signs & Billboards - \$30             |
|   | _____ Tree Worker: \$30                     |

**COMPLETION OF THE WORKERS COMPENSATION INSURANCE AND TAX I.D. FORMS IS REQUIRED BEFORE A LICENSE CAN BE ISSUED. THESE FORMS ARE ATTACHED AND MADE PART OF THIS APPLICATION.**

**Office Use Only:** Liability Insurance Expiration: \_\_\_\_\_  
Worker's Comp. Insurance Expiration: \_\_\_\_\_  
Mechanical Surety Bond ID: \_\_\_\_\_  
Mechanical Surety Bond Expiration: \_\_\_\_\_  
LEAD ID & Expiration: \_\_\_\_\_

Date License Issued: \_\_\_\_\_ No. \_\_\_\_\_

**LICENSE APPLICANT:**

Pursuant to Minnesota Statute 270.072 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide 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 provide the following information and return along with your application to the agency issuing the license. **Do not return to the Department of Revenue.**

**Licensing Authority:** City of Oak Park Heights  
**License Period:** Annual: January 1 through December 31

**Personal Information:** (Complete only if applicable)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Social Security No.: \_\_\_\_\_

**Business Information:** (Complete only if applicable)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

If a Minnesota Tax Identification number is not required, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_



## **PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of 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 within their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, failure to provide or falsely reporting this information may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above, in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

**Insurance Company (not the Insurance Agent):** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Dates of Coverage:** \_\_\_\_\_

- OR -

**I am not required to have Workers' Compensation Insurance because: (check one)**

- (  ) I have no employees covered by law;  
(  ) I am self-insured (include permit to self-insure); or  
(  ) Other (specify)

\_\_\_\_\_

I have read and understand my rights and obligations with regards to business licenses, permits and Workers' Compensation coverage and hereby certify by my signature below that to the best of my knowledge, the information provided is true and correct.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Signature

\_\_\_\_\_  
Title/Position of Person Signing



**INDEMNIFICATION AGREEMENT**

**To:** City of Oak Park Heights  
14168 Oak Park Boulevard, N.  
P.O. Box 2007  
Oak Park Heights, MN 55082

**NOTE:** The following must be signed by an Officer of the Corporation or by the Owner and notarized.

In consideration for the granting of this license, the license applicant agrees to hold the City harmless from all damages and claims of damage which may arise by reason of any negligence on the part of the Contractor or the Contractor's agents or employees engaged in the performance of this Contract/Permit, and will indemnify the City for the amount of all claims, liens, expenses and claims for liens of work, tool, machinery, materials or insurance premiums and for the amount of all loss by reason of the failure of the Contractor to fully perform its obligation under this Contract/Permit, including but not limited to attorney fees and costs incurred relative to such claims and losses.

\_\_\_\_\_ By: \_\_\_\_\_  
Date Corporate Officer or Individual Proprietorship Owner

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, Notary Public.  
\_\_\_\_\_ County.

My commission expires: \_\_\_\_\_.