

CITY CONTRACTOR'S LICENSE APPLICATION

BUILDING INSPECTIONS DEPARTMENT

www.ci.blaine.mn.us



OFFICE USE ONLY

Receipt # _____

License# _____

Date _____

✓ NOTE: For questions concerning license requirements and/or the City Contractor's License Application, call 763-785-6170 Option 2.

Firm or Business Name: _____ DATE _____

LICENSE REQUIREMENTS

- **LIABILITY INSURANCE CERTIFICATE:** with combined limits of **bodily injury, accident and property damage** of at least \$300,000 - showing Blaine Building Inspections as Certificate Holder.
- **WORKERS COMPENSATION CERTIFICATE** *Minn. Stat. §176.182 (If required)* : Showing Blaine Building Inspections as Certificate Holder.
I am required to have Workers Compensation Insurance: Yes No If no, check reason below:
() I have no employees OR () I am self-insured (include permit to self-insure) OR
() I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

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| <p>LICENSE CLASSIFICATIONS (PLEASE CHECK):</p> <p>_____ Commercial General Contracting (1yr \$35 / 2 yrs \$70 / 3 yrs \$105)</p> <p>_____ Commercial Roofing Contracting (1yr \$35 / 2 yrs \$70 / 3 yrs \$105)</p> <p>_____ Heating, Ventilation, Air Conditioning** (2yrs \$70 / 3yrs \$105)</p> <p>_____ Sewer & Water*** (1yr \$35 / 2yrs \$70 / 3yrs \$105)</p> <p>_____ Demolition (1yr \$35 / 2 yrs \$70 / 3 yrs \$105)</p> <p>_____ In-Ground Swimming Pool (1yr \$35 / 2yrs \$70 / 3yrs \$105)</p> <hr/> <p>Under Minnesota law <i>Minn. Stat. §270C.72(4)</i>, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification number for the license applicant.</p> <p>*Minnesota tax identification number: _____ AND</p> <p>*Federal tax identification number: _____</p> <p>*If you do not have a Minnesota tax identification number, please explain why. (Use reverse side of form if necessary).</p> <p>**HVAC Contractors must include a copy of \$25,000 MN State Bond.</p> <p>*** Sewer & Water Contractors must include a copy of \$25,000 MN State Bond AND Pipe Layer's Card <u>or</u> Plumber's Authorization.</p> <hr/> <p>_____ / _____</p> <p>(Phone Number) (Fax)</p> <hr/> <p>_____</p> <p>(E-mail Address)</p> | <p>This Agreement must be signed by the Owner, Authorized Partner or Authorized Officer(s) of the Company AND notarized by a Notary Public.</p> <p style="text-align: center;">PLEASE PRINT</p> <p>_____</p> <p style="text-align: center;">(Name of Firm or Business)</p> <p>SIGNEE AGREES TO HOLD THE CITY OF BLAINE HARMLESS for ALL claims of damage liability that may come against the license/permit holder AND AGREES TO ADHERE TO ALL O.S.H.A. STANDARDS, UNIFORM TRAFFIC CODES, STATE BUILDING CODES AND ANY CITY CODES, ORDINANCES AND STANDARDS that may apply to this license.</p> <hr/> <p>Signature of Officer of Corporation or Partner or Owner</p> <hr/> <p>Print Name _____</p> <hr/> <p>Position Held _____ / _____</p> <p style="text-align: right;">Date of Birth</p> <hr/> <p>Business Street Address _____</p> <hr/> <p>City, State, Zip _____</p> |
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GOVERNMENT DATA PRACTICES ACT *Minn. Stat. § Chapter 13*: TENNESSEN WARNING - The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the permit is granted.

STATE OF MINNESOTA COUNTY OF: Anoka ss. I acknowledge this instrument was signed before me on (date) ____/____/____

by (Officer/Partner/Owner's Name) _____ the (Position Held) _____

of (Name of Company) _____ on behalf of said (Organization, Corp., LLC, Business or Individual) _____.

NOTARY STAMP

Signed: _____ Notary Public