

City of Mendota Heights

NOTICE TO LICENSE APPLICANTS IN MENDOTA HEIGHTS

On April 4, 2000 Mendota Heights City Council passed an amendment changing the fee and licensing requirements for contractors doing business in Mendota Heights.

Effective May 1, 2000 the licensing requirements for new or renewal licenses will be as follows:

- Application form (completed, dated, signed front and back)

The State Legislature passed a law effective July 1, 2003 requiring anyone who installs gas piping, heating, ventilation, cooling, air conditioning, fuel burning or refrigeration (G/VHACR) equipment to post a \$25,000.00 bond and file with the Department of Administration, Building Codes and Standards Division.

- A Bond in the amount of \$25,000.00 and an annual \$15.00 filing fee must be filed with the Minnesota Department of Administration, Building Codes and Standards Division. The names of those contractors who have submitted their yearly bond and filing fee will be posted. If your name is not on the list you will not be able to pull a permit for any of the above mention installations in Mendota Heights.
- \$50.00 License Fee
- Certificate of Insurance (made out to the City of Mendota Heights; including proof of workman's compensation). Original copy from Insurance Company will only be accepted.

City Ordinance requirements for certificate of insurance:

SECTION 13. LIABILITY INSURANCE

Any person holding a license hereunder shall file with the City Clerk policies of public liability and property damage insurance which shall remain and be in force and effect during the entire term of said license and which shall contain a provision that it shall not be cancelled without 10 days written notice to the City. The contractor shall procure and maintain during the life of the license period, commercial general liability insurance covering personal injury including bodily injury and property damage liability with a combined single limit of no less than \$500,000 for each occurrence and aggregate. Said policies of insurance shall name the City of Mendota Heights as an additional insured, shall hold the City harmless from any loss or damage by reason of improper or inadequate work performed by the holder of said license, and shall provide for indemnity and security to the City of Mendota Heights against any liability and/or responsibility for the acts, actions, or omissions of the licensee or of any of the agents or servants of such licensee subject, however, to the limitations as to

the amount herein stated. No work shall be done under any license hereunder until said insurance policies have been filed and approved by the City Clerk. A license will be considered to have expired unless the required insurance is renewed, and the renewal certificate is submitted to the City prior to its expiration.

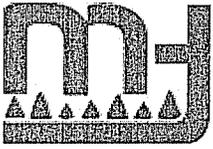
IMPORTANT: Please make sure that your license is current on any job that continues in to the next licensing year.

If you have any questions, please feel free to contact me (651)452-1850.

Sincerely,

A handwritten signature in cursive script that reads "Pam Deeb". The signature is written in black ink and is positioned above the printed name.

Pam Deeb
Licensing Division



City of Mendota Heights

OFFICE OF CITY CLERK

APPLICATION FOR _____ LICENSE
NEW _____ RENEWAL _____

I, _____ hereby apply for a license for the
Term of One Year in the City of Mendota Heights, Dakota County, State of Minnesota.

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (____) _____ Fax #: (____) _____

Is this a firm, corporation, or partnership of private ownership?
(Please circle one)

Officers: President: _____

Vice-President: _____

Secretary _____

Treasurer: _____

What cities have you been licensed in: _____

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations of the Council of the City of Mendota Heights may from time to time prescribe.

Date of Application: _____ Signed: _____

For office reference only:

License fee paid: _____ Amount: _____ Receipt # _____

Certificate of Insurance: _____ Expires: _____ Amount of Ins. _____

**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)
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DBA (doing business as name) (if applicable)

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

Tax Information Form

LICENSE APPLICANT:

Pursuant to Minnesota Statutes 270C.72, the City of Mendota Heights is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification and Federal Tax ID number and the social security number (if licensee is an individual) 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 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 licenses.
DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License Applied For or Renewed	
Licensing Authority	City of Mendota Heights, 1101 Victoria Curve, Mendota Heights, MN 55118
License Renewal Date	

APPLICANT'S PERSONAL INFORMATION (if applicable):

Name	
Street Address	
City, State, & Zip Code	
Social Security Number	

BUSINESS INFORMATION (if applicable):

Business Name	
Street Address	
City, State & Zip Code	
Minnesota Tax ID Number*	
Federal Tax ID Number	

Signature Position (Owner, Officer, Partner, etc.) Date

**If a Minnesota Tax Identification number is not required, please explain on the reverse side.*