



**NORTH
ST. PAUL**
extraordinary.

Community Development Department

2400 Margaret Street
North St. Paul, MN 55109
Phone: (651)747-2407 Fax (651)747-2435
www.northstpaul.org

City License Application
General Contractor - \$80.00

(Business Name) _____ HEREBY applies

for a **General Contractors** license with the City of North St. Paul, County of Ramsey, State of Minnesota.

Business Phone: _____ E-Mail Address _____

Business Address: _____

City _____ State _____ Zip _____

Primary Contact _____ Cell Phone _____

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

*I also understand that I must supply the City of North St. Paul with a certificate of insurance providing \$2,000,000 / accident, person, and property damage, proof of Workers' Compensation coverage, and tax data (**complete attached forms**) before a license will be issued to me. **Incomplete applications will not be processed.***

The undersigned acknowledges receipt of applicable City ordinances pertaining to the license type applied for.

TENNESSEN WARNING

You are hereby warned, pursuant to Minnesota Statutes, Section 13.04, Subd. 2 that the license you are applying for will require you to supply to the City private or confidential data about yourself. This data will be used by the City staff and City Council to determine whether or not you should receive the license applied for. You have a right to refuse to supply the data asked for, however, your application will NOT be processed without all the questions being answered. All data supplied in the license application and the investigative data obtained by agents of the City in processing this application will be public data. PUBLIC DATA is available to anyone who requests it.

You are also warned to seek legal counsel of our own choice to review this TENNESSEN WARNING so that you can understand the full consequences of your answering the questions on the application for license.

Signature _____ Date _____

I have read the above warning and fully understand the consequences of filling out the attached application for license, and waive any rights I may have to keep the data private or confidential

NOTE: ALL LICENSES EXPIRE ON DECEMBER 31st OF THE CURRENT YEAR

FOR OFFICE USE ONLY

| | |
|---------------|----------------------|
| License No. | Date |
| New | Renew |
| Workers Comp. | Liability Ins. |
| | Bond / Certification |
| | Fee Paid |

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.

SOCIAL SECURITY AND TAX ID DATA COLLECTION NOTICE

The City of North St. Paul, in accordance MN Statute 270C.72, Subdivision 4¹, is required to collect from you, as a condition of your license or registration, your Social Security number and/or Minnesota Tax Identification Number.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
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 license issuance or renewal.**

Supply the following information (all that applies) and return along with your application to the City of North St. Paul.

Licensee Information:

Last Name

First Name

Middle Initial

Business Name

Primary Contact

Telephone Number

Address

City, State, Zip Code

Minnesota Tax Identification Number

Social Security Number

Licensee Signature

Date

¹ 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 or each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.