



City of Inver Grove Heights
8150 Barbara Avenue
Inver Grove Heights, MN 55077

Inspections Department:
651-450-2550
permits@ighmn.gov
www.ighmn.gov

**2021
CITY CONTRACTOR
LICENSE APPLICATION**

**PLEASE ATTACH CERTIFICATE OF INSURANCE
(FOR LIABILITY AND WORKERS COMPENSATION)**

\$50 FEE (FOR CALENDAR YEAR)

FIRM NAME

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE E-MAIL

FIRM OWNER/PRESIDENT (PRINT)

TYPE OF WORK

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> **GENERAL CONTRACTOR | <input type="checkbox"/> POOLS | <input type="checkbox"/> HOOD CLEANING |
| <input type="checkbox"/> MECHANICAL
(INCLUDE COPY OF MECHANICAL BOND) | <input type="checkbox"/> FENCES | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> EXCAVATION | <input type="checkbox"/> SIGNS | <input type="checkbox"/> OTHER _____ |

**NOTE: General contractors and remodelers for residential (up to four units) must be licensed by the State of Minnesota

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

SIGNATURE OF OWNER/PRESIDENT DATE

FOR OFFICE USE

LICENSE # 2021 - _____ LIABILITY INSURANCE EXPIRES _____

MECHANICAL BOND EXPIRES _____ WC INSURANCE EXPIRES _____

OTHER _____ INSPECTION DEPT: Approved by _____ Date _____

LICENSE FEE \$ 50.00 Account #AK Receipt # _____ Date _____

Method of payment _____

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
Licensing Authority (name of city, county, or state agency issuing license):			
License Renewal Date:			

PERSONAL INFORMATION:

Applicant's last name	Applicant's first name and middle initial	-	-	Social Security Number
Applicant's address	City	State	Zip Code	

BUSINESS INFORMATION:

Business name				
Business address	City	State	Zip Code	
Minnesota tax identification number			Federal tax identification number	
If a Minnesota tax identification is not required, please explain on the reverse side of this form.				

Applicant Signature:

Signature Title Date



Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.