

City of St. Paul Park  
600 Portland Ave.  
St. Paul Park, MN 55071  
(651)-459-9785

Fee: \$25.00

**CITY OF ST. PAUL PARK**  
**CITY LICENSE APPLICATION – GENERAL CONTRACTOR**

PLEASE PRINT OR TYPE

Date \_\_\_\_\_ (check one) New \_\_\_\_\_ Renewal \_\_\_\_\_

Business Name: \_\_\_\_\_ Bus. Phone No. \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City, State, Zip

Minnesota Tax ID OR Social Security # \_\_\_\_\_

Applicants Full Name: \_\_\_\_\_

Applicants Home Address: \_\_\_\_\_  
Street City, State, Zip

Signature \_\_\_\_\_ Applicants Title: \_\_\_\_\_

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**NOTE:** Licensing fee is \$25.00 and must accompany application form. A copy of your "Certificate of Insurance" is also required along with application, with minimum of \$100,000 for injuries, including accidental death to any one person; \$300,000 on account of any one accident; and \$50,000 for damage to property. Attached Workers' Compensation form must also be completed and submitted with application.

***(APPLICATION ACCEPTED ONLY WHEN ALL REQUIRED FORMS ARE COMPLETE AND RECEIVED)***

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**CITY LICENSE EXPIRES ON DECEMBER 31<sup>ST</sup> OF EACH YEAR.**

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*(Office Use)*

Fee Received \_\_\_\_\_

Certificate of Insurance Verified

Better Business Bureau

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE      ZIP CODE
COUNTY	E-MAIL ADDRESS	

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number
POLICY NO.	EFFECTIVE DATE
	EXPIRATION DATE

### NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: \_\_\_\_\_

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.

**PRINT NAME**

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APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.