



6301 Shingle Creek Pkwy 55430-2199  
(763) 569-3330

# License Application

Annual Fee: \$60.00

## Mechanical Contractors

Prorated Fee \_\_\_\_\_

Annual Expiration: April 30

TO THE HONORABLE CITY COUNCIL:

Date: \_\_\_\_\\_\_\_\_\\_\_\_\_

### OWNER (APPLICANT)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, Zip)

Telephone Number \_\_\_\_\_

The undersigned hereby applies for a mechanical contractors license and acknowledges receipt of a copy of City Ordinance Section 23-1500 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county or municipal. Submitted with this application is proof of workers' compensation insurance coverage (attach Certificate of Insurance), Minnesota business tax identification number and proof that \$25,000 bond is on file with the State.

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

City Use
Acct # 10100 4207 _____
Re # _____
Ck # _____ License # _____
Dept Approval: _____
Council Approval: _____

City of Brooklyn Center  
PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute 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 Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(**NOT** the insurance agent)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

**(OR)**

I am not required to have workers' compensation liability coverage because:

( ) I have no employees covered by the law.

( ) Other (Specify) \_\_\_\_\_

I have read and understand my rights and obligations with regards to business licenses, permits, and workers' compensation coverage, and I certify that the information provided is true and correct.

Business Name: \_\_\_\_\_

Contact Person (please print): \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

City of Brooklyn Center  
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the City of Brooklyn Center 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 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 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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the City of Brooklyn Center. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

**X** License being applied for or renewed: \_\_\_\_\_

**X** License renewal date: \_\_\_\_\_

**X\*** **PERSONAL INFORMATION (if applicable\*) Please Print:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City State Zip Code

Social Security Number: \_\_\_\_\_

**X\*** **BUSINESS INFORMATION (if applicable\*) Please Print:**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City State Zip Code

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

**X** Federal Tax Identification Number: \_\_\_\_\_

**X** Minnesota Tax Identification Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date