

# CITY OF HAM LAKE

15544 Central Avenue NE

Ham Lake, MN 55304

Telephone 763-235-1691 - Fax 763-235-1697

## APPLICATION FOR CONTRACTOR'S LICENSE LICENSE FEE - \$50.00

\_\_\_\_\_ hereby submits application for a license to perform \_\_\_\_\_  
(Name of Applicant) (type of work)

within the City of Ham Lake in accordance with the ordinances of the City regulating the same.

I understand that no license shall be issued until the applicant shall furnish a policy of insurance insuring such applicant against liability imposed by law on account of injury to persons in the amount of \$100,000 per person and \$300,000 for each accident and a policy insuring the applicant against liability imposed by law on account of damage or destruction to property in the amount of \$50,000. The licensee shall furnish the City with a copy of or evidence of the insurance policy or policies, which shall provide that same shall not be cancelled by the insurer without ten days prior written notice thereof being given to the City. In case of cancellation of such insurance, such license shall be suspended automatically until such insurance shall be replaced.

I also understand that falsification of information requested on this form may be cause for revocation or suspension of my license.

Has your license been revoked in any Municipality? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Name of Business \_\_\_\_\_

Owner or President of Business \_\_\_\_\_

Street and Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Receipt Number \_\_\_\_\_

Insurance Certificate Received \_\_\_\_\_  
(initial)

**CERTIFICATION OF COMPLIANCE**  
**MINNESOTA WORKERS' COMPENSATION LAW**

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 or engage in an activity in Minnesota until applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage of Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

INSURANCE COMPANY NAME: \_\_\_\_\_  
(NOT the insurance agent)

POLICY NUMBER \_\_\_\_\_

DATES OF COVERAGE: \_\_\_\_\_ to \_\_\_\_\_

**OR**

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

- ( ) I have no employees
- ( ) I am self-insured (include permit to self-insure)
- ( ) I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and Certain Farm Employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

NAME: \_\_\_\_\_  
(last, first, middle)

DOING BUSINESS AS: \_\_\_\_\_  
(business name if different than your name)

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Please complete all four pages of the application*

**LICENSE APPLICANT**

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to prove to the Minnesota Commissioner of Revenue your Minnesota Business Tax Identification number and Social Security Number of each license applicant. Under the Minnesota Government Data Practices Act and 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 agency issuing the license. *DO NOT RETURN TO THE DEPARTMENT OF REVENUE.*

LICENSE BEING APPLIED FOR OR RENEWED: \_\_\_\_\_

LICENSING AUTHORITY: \_\_\_\_\_  
(Name of City, County, or State Agency issuing license)

LICENSE RENEWAL DATE: \_\_\_\_\_

**PERSONAL INFORMATION:**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**BUSINESS INFORMATION:**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

MINNESOTA TAX IDENTIFICATION NUMBER: \_\_\_\_\_

If a Minnesota Tax Identification Number is not required, please explain: \_\_\_\_\_

\_\_\_\_\_

FEDERAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_

SIGNATURE	POSITION (officer, partner, etc.)	DATE
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**NOTICE TO ALL APPLICANTS FOR MUNICIPAL PERMITS,  
LICENSES, OR OTHER MUNICIPAL ACTION**

1. If you are requesting municipal action on any request for any of the above, you will be required to furnish certain information about yourself, the project you are involved in, or other matters pertaining to the subject. Some of the information you are asked to provide is classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.
2. The purpose of this information is to enable the City Staff, Commissions, Council or other government agencies to evaluate relevant factors in considering your request. You are not legally required to provide this information. If you do not provide the requested information, the City may not act upon your request.
3. The information you supply will be public and available to any entity requesting to inspect the information.

**DATA PRACTICES ADVISORY  
TENNESSEN WARNING  
REQUIRED BY MINNESOTA STATUTES CHAPTER 13.04**

**BY** \_\_\_\_\_  
**signature**

**COMPANY/TITLE:** \_\_\_\_\_  
\_\_\_\_\_

*Exhibit C*