



# APPLICATION FOR CONTRACTOR'S LICENSE

www.ci.blaine.mn.us

CITY OF BLAINE  
10801 Town Square Drive NE  
Blaine, MN 55449  
PHONE # 763-785-6146 FAX # 763-717-2634

DATE \_\_\_\_\_

Firm or Business Name: \_\_\_\_\_

Type of Business or Specific Skill: \_\_\_\_\_

## LICENSE REQUIREMENTS

- \$35 fee
- Data Practices Advisory form (Tennessee Warning), see page 2 of this application.
- Certificate of Insurance, evidencing public liability insurance combined limits of **bodily injury, accident and property damage** of at least \$300,000 - (showing City of Blaine as Certificate Holder).
- Proof of **Workers Compensation Insurance** - (showing City of Blaine as Certificate Holder).
- Agreement to hold the **City of Blaine** harmless for **ALL** claims of damage liability that may come against the license/permit holder.
- State and Federal Tax Identification numbers pursuant to STATE STATUTE 270.72.
- The **Contractor** further agrees to adhere to all **O.S.H.A. Standards, Uniform Traffic Codes** and any **City codes and standards** that may apply to this license.
- **Mechanical AND Sewer & Water contractors** must include a copy of your \$25,000 State Bond.

Has your company ever had a license revoked by the state of Minnesota or any other city? (YES) (NO)

If yes, where? \_\_\_\_\_

### LICENSE CLASSIFICATIONS (PLEASE CHECK):

- \_\_\_\_\_ Specialty Contracting: \_\_\_\_\_
- \_\_\_\_\_ Commercial General Contracting
- \_\_\_\_\_ Commercial Roofing Contracting
- \_\_\_\_\_ Heating, Ventilation, Air Conditioning
- \_\_\_\_\_ Chemical Fire Extinguishing
- \_\_\_\_\_ Sewer & Water
- \_\_\_\_\_ Excavation
- \_\_\_\_\_ Concrete and Masonry
- \_\_\_\_\_ Plaster, Lath, Stucco
- \_\_\_\_\_ Demolition
- \_\_\_\_\_ Signs, Billboards

### PLEASE PRINT:

\_\_\_\_\_  
(Name of Firm or Business)

\_\_\_\_\_  
(Business Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number) (Fax)

\_\_\_\_\_  
(E-Mail Address)

**Completion of the Workers Compensation Insurance, Tax I.D. forms and identification of corporate officers or responsible parties are required before a license can be issued. The forms are attached.**

\_\_\_\_\_  
(Owner/Applicant's Signature)

\_\_\_\_\_  
(Printed Name)

OFFICE USE ONLY:
_____
(Receipt Number)
_____
(License No. & Date)



**CITY OF BLAINE  
DATA PRACTICES ADVISORY  
TENNESSEN WARNING  
(Please Read and Sign Form)**

- YOU ARE BEING ASKED TO ANSWER QUESTIONS AND PROVIDE INFORMATION PURSUANT TO THE CONTRACTOR'S LICENSE APPLICATION PROCESS THAT IS REQUIRED BY MINNESOTA STATE LAW AND CITY OF BLAINE, MINNESOTA ORDINANCE.
- THE INFORMATION YOU PROVIDE IS GOVERNMENT DATA IN ACCORDANCE WITH CHAPTER 13 OF STATE LAW KNOWN AS THE "MINNESOTA GOVERNMENT DATA PRACTICES ACT".
- YOU ARE NOT REQUIRED BY LAW OR ORDINANCE TO ANSWER QUESTIONS OR PROVIDE THE INFORMATION REQUESTED.
- A REFUSAL TO ANSWER QUESTIONS OR PROVIDE INFORMATION BEING REQUESTED WILL PREVENT THE CITY OF BLAINE FROM PROCESSING THE CONTRACTOR'S LICENSE APPLICATION FOR WHICH YOU ARE APPLYING. AS A CONSEQUENCE OF THAT ACTION, NO LICENSE APPLICATION WILL BE CONSIDERED.
- THE INFORMATION YOU PROVIDE MAY BE CLASSIFIED AS "PUBLIC", "PRIVATE" OR "CONFIDENTIAL" PURSUANT TO THE "GOVERNMENT DATA PRACTICES ACT".
- ACCESS TO THIS INFORMATION CAN BE OBTAINED BY PERSONS WHO ARE DEEMED ELIGIBLE PURSUANT TO THE "ACT". THIS ACCESS CAN INCLUDE THE SUBJECT(S) OF THE LICENSE APPLICATION, ANYONE THEY GIVE THEIR INFORMED CONSENT TO CONSISTENT WITH MINNESOTA STATE LAW, OR BY COURT ORDER.

\* \* \* \* \*

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_  
Date                      Time

\_\_\_\_\_  
Owner/Applicant's Signature

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_  
Date                      Time

\_\_\_\_\_  
Witness Signature



**176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED.**

Every state or local licensing agency shall 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, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST:1981 c 346 s 94; 1983 c 290 s 114;1987 c 332 c 332 s 47;1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72

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**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 the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement 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)

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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)

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

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Owner/Applicant's Signature: \_\_\_\_\_

**INDEMNIFICATION AGREEMENT**

TO: City of Blaine  
10801 Town Square Drive  
Blaine, MN 55449

The following Agreement must be signed and notarized by the owner, authorized partner, or authorized officer(s) of the company. If a partner or officer signs, it must be accompanied by the written authorization of the partnership of the corporation, (such as a corporate resolution or written approval of all partners).

In consideration for the grant of this license by the City of Blaine, the undersigned licensee agrees as follows:

**1. OBSERVANCE OF LICENSE AND ALL LAWS.** The undersigned shall faithfully observe, keep and obey all terms and conditions of the license or permit, and all laws, rules and ordinances of the City of Blaine relating to the license or permit, now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules and regulations of any other governmental entity including county, state and federal regulations which may apply to the license or permit.

**2. VIOLATION.** Upon the violation of any of the terms and conditions of the license or permit, or any other law, regulation or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license or permit.

**3. INDEMNIFICATION.** The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, loss damages or cost and expense arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any act done under pretended authority of this license. This agreement to indemnify and hold the City harmless shall include any costs incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney's fees incurred by the City.

**IN WITNESS WHEREOF**, the undersigned has executed this License Agreement as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Licensee (business name)

By \_\_\_\_\_  
Officer of Corporation or Partner or Owner

**STATE OF MINNESOTA            )**  
**COUNTY OF \_\_\_\_\_) ss.**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_ by \_\_\_\_\_ the \_\_\_\_\_  
of \_\_\_\_\_ on behalf of said \_\_\_\_\_.

(Organization, Corporation or Business)

\_\_\_\_\_  
Notary Public

CITY OF BLAINE  
IDENTIFICATION OF CORPORATE OFFICERS OR  
RESPONSIBLE PARTIES

The following information is required as part of the licensing process with the City of Blaine.

The purpose of this data is to identify those individuals responsible for compliance with Blaine Ordinances and the requirements of said license. Refusal to provide the data will result in denial of said license.

This information will not be released to other entities or to a private individual. (MN Statutes 13.41 Sub. 2)

1. Full name, position held and date of birth of all corporate officers; or general or limited partners of the applicant.

_____	_____
Full Name	Full Name
_____	_____
Position Held	Position Held
_____	_____
Date of Birth	Date of Birth

_____	_____
Full Name	Full Name
_____	_____
Position Held	Position Held
_____	_____
Date of Birth	Date of Birth

**Please list any additional names on separate sheet of paper.**