



City of Spring Lake Park
 1301 81st Avenue NE
 Spring Lake Park, MN
 55432
 763-784-6491
 Fax 763-792-7257
www.slpmn.org

Contractor License Type (Please Check One)	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Blacktopping
<input type="checkbox"/> Tree	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sign	<input type="checkbox"/> Excavating
<input type="checkbox"/> Roofing	<input type="checkbox"/> Sewer & Water
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> General
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical

April 1, ____ through March 31, ____

Company Name: _____ Phone: _____

Address: _____
 (City, State and Zip)

Name of Company Official: _____ Position (Officer, Partner, etc.) _____

Email: _____

MN Tax ID **or** Social Security Number: _____
 (Under Minnesota Law Minn. Stat. 270C.72(4) the agency issuing you this license is required to provide to the MN Commissioner of Revenue the MN business tax ID # or SS#)

I hereby submit my application for license to perform said work within the City of Spring Lake Park, in accordance with the ordinances of Spring Lake Park. I am at least 18 years of age. I understand this license period runs April 1 through March 31. All licenses are subject to City Council approval. **BOTH pages of this application MUST be completed.**

Signature: _____ Date: _____

In Addition To the Completed Application:

- Certificate of Insurance for General Liability and Workman’s Compensation (where applicable) with the City of Spring Lake Park listed as the additional holder. Limits \$300,000/person, \$1,000,000/any one accident, \$100,000/Property Damage.
- Certificate of Compliance Minnesota Workers’ Compensation page.
- \$65.00 License Fee (No fee for plumbing licenses).
- Plumbing Contractors** must supply a copy of their State License and Bond or Plumbing Contractor Certificate from the Department of Labor and Industry.
- Mechanical Contractors** must supply a copy of their Mechanical Bond.
- Tree Contractors** are required by Minnesota Statutes Chapter 18G.07 to register in Minnesota’s Tree Care Registry. You may register on-line at www2.mda.state.mn.us/webapp/renewal/apply.jsp or 651-201-6611. Tree Registry License Number and Expiration: _____

Please submit ALL required information and fee to Kristine Pearson, ICC Certified Permit Technician. Questions please call 763-784-6491 or email kpearson@SLPMN.org. We accept cash, check, money order or credit cards (additional processing fee).

Government Data Practices Act: Minn. Stat. Chapter 13
 Tennesen Warning- The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the permit is granted.

_____ Attorney Approval and Date	_____ Receipt # and Date
_____ Building Official Approval and Date	_____ License #

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

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.)

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.