



City of Spring Lake Park  
 1301 81<sup>st</sup> Avenue NE  
 Spring Lake Park, MN  
 55432  
 763-784-6491  
 Fax 763-792-7257  
[www.slpmn.org](http://www.slpmn.org)

Contractor License Type (Please Check <u>One</u> )	
<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	

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.

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

<p><b>In Addition To the Completed Application:</b></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Certificate of Compliance Minnesota Workers' Compensation page.</p> <p><input type="checkbox"/> \$65.00 License Fee (No fee for plumbing licenses).</p> <p><input type="checkbox"/> <b>Plumbing Contractors</b> must supply a copy of their State License and Bond or Plumbing Contractor Certificate from the Department of Labor and Industry.</p> <p><input type="checkbox"/> <b>Mechanical Contractors</b> must supply a copy of their Mechanical Bond.</p> <p><input type="checkbox"/> <b>Tree Contractors</b> are required by Minnesota Statutes Chapter 18G.07 to register in Minnesota's Tree Care Registry. You may register on-line at <a href="http://www2.mda.state.mn.us/webapp/erenewal/apply.jsp">www2.mda.state.mn.us/webapp/erenewal/apply.jsp</a> or 651-201-6611.          Tree Registry License Number and Expiration: _____</p>
--

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](mailto: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 #

## Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

- I have no employees.
- 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: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.





## **ORDINANCE NOTIFICATION PROCEDURE**

The City of Spring Lake Park has implemented a new notification system to inform you of proposed Ordinances being presented to the City Council for final adoption.

To sign up, visit the City's website—[www.slpmn.org](http://www.slpmn.org) — and click on the e-mail icon on the top right-hand corner. Once you sign up for our notification system, you will receive an e-mail from the City providing you a notice of a meeting in which an Ordinance is scheduled for final vote.

All proposed ordinances will be posted on the City's website 10 days in advance of the meeting. If you have questions regarding any proposed ordinance, please contact Spring Lake Park City Hall at 763-784-6491.