APPLICATION FOR LICENSE

City of Crystal
4141 Douglas Drive N, Crystal, MN 55422
Telephone: (763) 531-1000 / Facsimile: (763) 531-1188
Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

Applicant's Name:	Fee:* (0100-4175_	$45.00
Home Address:	Home Phone: ( )	
City/State/Zip:	Cell Phone: ( )	
Business Name:	Business Phone: ( )	
Doing Business As:	Fax Phone: ( )	
Business Address, including zip code:		
MN Tax ID #:	Federal Tax ID #:	
If a Tax ID number is not required, please explain here and provide your social security number:		

I enclose the sum of forty-five and 00/100 dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **INSTALL, MAINTAIN, CONSTRUCT, AND REPAIR GAS BURNING DEVICES AND APPLIANCES** in the City of Crystal for the period _____ through December 31, 20____, subject to all conditions and provisions of said Ordinance.

ADDITIONAL REQUIREMENTS

1. $1,000 Bond (State bond accepted)
2. Certificate of insurance (100/300/100)
3. Copy of Class A Gas Fitter's Card from: Bloomington, Eden Prairie, Minneapolis, Minnetonka, Rochester, St. Cloud, St. Louis Park, or St. Paul.

The information in this Application For License is true and complete to the best of my knowledge.

_____ _____

Signature of Applicant ***Date***

*Fee: *If exempt, fill out Licensing Fee Exemption Form*

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennessen Warning)

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

(ALSO FILL OUT REVERSE SIDE OF THIS FORM.)

City Use Only: JDE#_____ Date Entered: _____

PIMS ID#_____ Council Date: _____

Certificate of Compliance
Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE

COUNTY	E-MAIL ADDRESS

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

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)		NAIC Number
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)

☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).

☐ 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: _____

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.

PRINT NAME		
APPLICANT SIGNATURE (required)	**TITLE**	**DATE**

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.