



City of Roseville • Code Enforcement Division
 2660 Civic Center Drive • Roseville, MN 55113 • Phone: 651-792-7080 • FAX: 651-792-7070
 www.cityofroseville.com

2016 Contractor License Application

Firm Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ FAX Number _____ E-mail _____

The above named firm hereby applies for a license for calendar year 2016 (January 1 – December 31, 2016) in the City of Roseville, County of Ramsey, State of Minnesota.

License Fee: \$94.00

Type of License Applied For: (check one)			
General Construction:	<input type="checkbox"/>	Sewer/Water Excavation:	<input type="checkbox"/>
Excavating:	<input type="checkbox"/>	Sign Erector:	<input type="checkbox"/>
Masonry:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Mechanical/Heating:	<input type="checkbox"/>		

Note: City license is not required if the applicant is currently licensed by the State of Minnesota as a contractor, plumber, or electrician.

Proof of General Liability and Worker’s Compensation Insurance or waiver is required. Please see page 3 explaining insurance requirements.

Has the above named firm held a contractor’s license in the City of Roseville before? Yes No

List the names and addresses of corporate officers:

Officer _____ Address _____

Officer _____ Address _____

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations that the City Council of the City or Roseville may from time to time prescribe.

 Signature Title

License #: _____

Receipt No.: _____

Date Payment Received : _____

City of Roseville
 Community Development Department
 2660 Civic Center Drive, Roseville, MN 55113 651-792-7080
 www.cityofroseville.com

LICENSING INFORMATION

Notice: Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the City of Roseville is required to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification number and social security number of each applicant.

Under the Minnesota Government Data Practices Act and the 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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes:
2. Upon receiving this information, the City of Roseville 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 license issuance or renewal application.**

Please supply the following information and return it along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Initial	
Applicant's Address	City	State	Zip Code
Business Name		Position (Officer, Partner, etc.)	
Business Address	City	State	Zip Code
Minnesota business tax identification # (or explain why you do not have one)		Federal Tax identification #	

Signature

Date

Certificate of Insurance Requirements

Your Certificate of Insurance must carry insurance with a minimum of these liability levels (Roseville City Code, Chapter 307):

General Liability

Bodily injury liability shall not be less than \$100,000 for injuries to any one person, including accidental death, and not less than \$300,000 aggregate. Property damage liability shall not be less than \$100,000 for each accident and not less than \$100,000 aggregate.

(Example)

	<u>Each Occurrence</u>	<u>Aggregate</u>
Bodily Injury	\$100,000	\$300,000
Property Damage	\$100,000	\$100,000

Note: If a combined policy is used, the minimum must be \$300,000 for each occurrence and aggregate.

Worker's Compensation

The State requires that sole proprietors or partnerships sign a waiver if they choose not to carry Worker's Compensation insurance. The waiver must be signed by each person involved in a partnership. Please see the waiver below.

Beginning Work

No work shall be done under the license until the insurance policies have been filed and approved by the City of Roseville Code Enforcement Division.

Detach and return lower portion

Worker's Compensation Waiver

As a sole proprietor or partnership, I/we have chosen not to carry Worker's Compensation insurance on myself/ourselves.

Signature _____ Signature _____

Company Name _____ Date _____