



Building Safety Department
400-2nd Street South
St. Cloud, MN 56301
(320) 255-7239
Fax: (320) 650-3388
sheri.wolhart@ci.stcloud.mn.us
www.ci.stcloud.mn.us

APPLICATION FOR: Plumbing Contractor License

LICENSE PERIOD: January 1, 2020 through December 31, 2020

APPLICANT'S NAME: (Master Plumber) (First) (Last)

BUSINESS: Name: Address: City, State, Zip: Telephone:

MN Tax ID : SS#: (BOTH REQUIRED per MN Statute 270C.72 Subd. 4)

Email Address:

Contractor License Fee: \$132.00
Master License Fee: 14.00
TOTAL LICENSE FEE DUE: \$146.00

- THE FOLLOWING IS REQUIRED BEFORE A LICENSE CAN BE ISSUED:
A copy of your Plumbing Contractor Certificate from the MN Dept. of Labor & Industry
A copy of your Master Plumber Certificate
Certificate of Liability Insurance for \$100,000/\$500,000/\$250,000 naming the City of St. Cloud as Certificate Holder
Proof of Workers' Compensation Insurance (back side of this form must be completed)

Any employee that works in the City of St. Cloud must obtain a Master, Journeyman, and/or Apprentice Plumber's Certificate with the City and provide us with a copy of their State Certificate

Master Plumber's Signature

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
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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; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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, call (651) 284-5032 or 1-800-342-5354.