

Fees:

Class A:

Class B:

Class C:

Building Safety Department 1201 - 7th St. S. St. Cloud, MN 56301 (320) 255-7239 building.safety@ci.stcloud.mn.us www.ci.stcloud.mn.us

**APPLICATION FOR:** Commercial Contractor's License LICENSE PERIOD: January 1, 2023 thru December 31, 2023 **APPLICANT'S NAME:** (First) (Last) **BUSINESS:** Name: Address: City, State & Zip: Telephone: Applicant's SS#: MN Tax ID: (BOTH REQUIRED per MN Statute 270C.72 Subd. 4) **Email Address:** An "X" Indicates the Class of License Applying For Class A: \_\_\_\_\_ Over \$50,000 Class B: \_\_\_\_\_ \$25,000 - \$50,000 (Your Total Value of Projects During the License Year) Class C: Under \$25,000 see bottom of page for fees THE FOLLOWING IS REQUIRED BEFORE A LICENSE CAN BE ISSUED: A \$25,000 License and/or Permit Surety Bond for a Commercial Contractor with the Principal's **signature notarized** (the City does not provide a bond form) • 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 application must be completed) **Applicant's Signature** 

26.00	16.00

After August 1

46.00

26.00

After July 1

95.00

46.00

<u>Annual</u>

74.00

38.00

\$144.00

## 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 time	s 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 basiness name(s), for example John Doe, or John Doe and Jane Doe.)	pusiness is a sole proprietor or partn	ership, provide the owner's
DBA ("doing business as" or "also known as" an assumed name), if a	pplicable	
Business address (must be physical street address, no P.O. boxes)	City	State ZIP code
County	Email address	1
You must complete nu	mber 1 or 2 below.	
Note: You must resubmit this form to the authority issuing your license.	se if any of the information you have	provided changes.
1.		
Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date
☐ I am self-insured for workers' compensation. (Attach a compensation of Commerce; see www.mn.gov/commerce/ind		
2. I am not required to have workers' compensation insuran	ce because:	
I only use independent contractors and do not have employ courier industries; Minn. Stat. § 181.723, subd. 4, for build industries.)		
☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)		
<ul> <li>I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)</li> </ul>		
I only have employees who are not required to be covered Minn. Stat. § 176.041 for a list of excluded employees.)	ed by the workers' compensation la	aw. (Explain below.) (See
Explain why your employees are not required to be covered		
I certify the information provided on this form is accurate and complet authorized to sign on behalf of the business.	e. If I am signing on behalf of a busir	ness, I certify I am
Print name		
Applicant signature (required)	Title	Date

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.