



CITY OF BAYPORT
 294 NORTH THIRD STREET
 BAYPORT, MINNESOTA 55003
 PHONE 651-275-4404 FAX 651-275-4411
 WWW.CI.BAYPORT.MN.US

REGISTRATION YEAR: 2016

CONTRACTOR LICENSE APPLICATION

License Classifications (please check):

_____ **Commercial General Contractor - \$100 License Fee**

_____ **Specialty Contractor (please check specialty) - \$50 License Fee:**

- | | |
|-------------------------------|---|
| _____ Asphalt/Blacktopping | _____ Mechanical (bond required): HVAC, Gasfitting* |
| _____ Building Moving | _____ Siding |
| _____ Concrete and Masonry | _____ Signs & Billboards |
| _____ Demolition & Excavation | _____ Swimming Pool Installation |
| _____ Fire Suppression | _____ Tree Trimmer |

_____ Other: \$50 _____

Business Name: _____

Contact Name: _____

Address: _____

_____ **E-mail Address:** _____

Telephone: _____ Fax: _____

LICENSE REQUIREMENTS

- Fee based on trade. License period: January 1 to December 31 of each year. Cancellation will occur upon failure to provide continued proof of insurance coverage.
- Certificate of Insurance, minimum coverage, \$100,000 per person, Public Liability; \$250,000 per accident, Bodily Injury; and \$100,000 Property Damage. **The City of Bayport must be named as an additional insured on this policy.**
- Agreement to hold City of Bayport harmless for all claims of damage liability that may come against the license/permit holder.
- State and Federal Tax Identification numbers pursuant to Minnesota State Statute 270.72.
- The contractor further agrees to adhere to all OSHA standards, uniform traffic codes and any city codes and standards that may apply to this license.
- Completion of the worker's compensation insurance and tax identification forms is required. These forms are attached and made part of this application.
- Outside sewer and water contractors must provide either a Pipelayer's Certificate with bond or a Master Plumber's License.
- * Mechanical contractors require proof of Minnesota State Surety Bond.

Office Use Only:

- | | |
|--|---|
| <input type="checkbox"/> Certificate of Insurance - Liability Insurance
<input type="checkbox"/> Proof of Insurance - Worker's Compensation
<input type="checkbox"/> Mechanical Surety Bond
<input type="checkbox"/> Pipelayer's Certificate / Master Plumber's License | <input type="checkbox"/> License Application Form
<input type="checkbox"/> License Fee
Date Paid: _____ Check # _____ |
|--|---|

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.072 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license 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, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority 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 licensing issuance or renewal application.

Please provide the following information and return along with your application to the agency issuing the license. **Do not return to the Department of Revenue.**

Licensing Authority: City of Bayport
License Renewal Date: January 1 through December 31

Personal Information: (Complete only if applicable)

Applicant's Name: _____

Applicant's Address: _____

City State Zip Code

Social Security No.: _____

Business Information: (Complete only if applicable)

Business Name: _____

Business Address: _____

City State Zip Code

Minnesota Tax Identification No.: _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification number is not required, please explain:

Signature: _____ Date: _____

Title: _____



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PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute, 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 Chapter 176. The information required is the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained within their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, failure to provide or falsely reporting this information may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above, in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company (not the Insurance Agent): _____

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

OR

I am not required to have Workers' Compensation Insurance because: (check one)

- () I have no employees covered by law;
- () I am self-insured (include permit to self-insure); or
- () Other (specify)

I have read and understand my rights and obligations with regards to business licenses, permits and Workers' Compensation coverage and hereby certify by my signature below that to the best of my knowledge, the information provided is true and correct.

 Signature

Date: _____

 Printed Name of Signature

 Title/Position of Person Signing



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INDEMNIFICATION AGREEMENT

To: City of Bayport
 294 North Third Street
 Bayport, Minnesota 55003

The following must be signed by an officer of the corporation or the owner and notarized:

In consideration for the granting of this license, the license applicant agrees to hold the city harmless from all damages and claims of damage which may arise by reason of any negligence on the part of the contractor or the contractor's agents or employees engaged in the performance of this contract/permit, and will indemnify the city for the amount of all claims, liens, expenses and claims for liens of work, tool, machinery, materials or insurance premiums and for the amount of all loss by reason of the failure of the contractor to fully perform its obligation under this contract/permit, including but not limited to attorney fees and costs incurred relative to such claims and losses.

By: _____ Date: _____
 Corporate Officer or Individual Proprietorship Owner

Subscribed and sworn to before me
 this _____ day of _____, _____.

(Notary Seal/Stamp)

_____, Notary Public.

_____ County.

My commission expires: _____.