



CONTRACTOR LICENSE APPLICATION

City of Lino Lakes
600 Town Center Parkway
Lino Lakes, Minnesota 55014-118
Building Department: 651-982-2420
Fax: 651-982-2499
building@linolakes.us

LICENSE REQUIREMENTS:
TO BE SUBMITTED WITH
APPLICATION

1. **\$50** Non-refundable Contractor's License Application Fee
2. **Certificate of Liability Insurance** in the limits of \$100,000 per person, \$300,000 per accident or bodily injury and \$50,000 for property damages
3. **Certificate of Worker's Compensation Insurance** as required by law
4. **Permit and License Bond** in the amount of \$5,000 or a State of MN Bond

Applicant Name (Last, First, Middle) _____

Position in Company _____ MN or Federal Tax Identification Number _____

Name of Firm or Business _____

Address _____ City _____

State _____ Zip _____ Telephone Number _____ Fax Number _____

E-mail Address _____

Is your company licensed or bonded by the State of Minnesota? _____ If yes, please include a copy of your license and bond.

Is your company required by state law to carry Worker's Compensation Insurance? _____ If yes, please have your insurance company forward a certificate of insurance to our office.

LICENSE CLASSIFICATIONS

1. General contracting, including erection, alteration or repair of structures
2. Masonry, concrete work, cement block work, block laying or brick work
3. Heating, Ventilating
4. Roofing
5. Plastering, stucco work and sheetrock taping
6. Excavating, including excavations for footings and basements and grading of lots
7. Wrecking of structures
8. Fencing, including erection, repair and alteration of all fences
9. Asphalt work

Please choose a license classification(s) _____

You may be required by state law to be state licensed. Please contact the Minnesota State Commerce Department at 651-296-6319

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270,72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to 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 or renewal of your licensed in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
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 LICENSE ISSUANCE OR RENEWAL APPLICATION.

Signature _____ **Date** _____

OFFICE USE ONLY

Date Applied _____

Bond Expires _____

Accepted By _____

Insurance Expires _____

Date Licensed _____

Worker's Compensation Expires _____