



Contractor License Application - 2021

501 Laurel Street • Brainerd, MN 56401
218.828.2307 • email: building@ci.brainerd.mn.us

License Requirements

- A completed, signed and dated Contractor License Application
- A completed, signed and dated Certificate of Compliance - MN Workers' Compensation Law form
- A Certificate of Insurance - Current with minimum personal injury liability limits of \$100,000 per individual, \$300,000 per accident; and \$50,000 damage or destruction to property.
- Surety Bond in the amount of \$5000.00 to the City of Brainerd (See Contractor Surety Bond Form) OR a copy of MN Mechanical Bond, Plumbing/SSTS Bond or a Sign Contractors Bond
- \$50.00 Contractor License Fee - Cash, Debit/Credit Card, or Check payable to "City of Brainerd"

All items in the above checklist must be completed-in-full and submitted before a license will be issued. Permits will not be issued and work cannot begin until the contractor license has been issued. License is valid from January 1, 2021 through December 31, 2021 and is subject to suspension or revocation due to non-compliance with state laws or city ordinances.

Contractor Information

License Type: _____ License: NEW RENEWAL

Business Name _____

Applicant Name and Title _____

Business Address _____ City/State/Zip _____

Email Address _____

Phone Number _____ Cell Phone Number _____

Pursuant to Minnesota Statute 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, 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 you licensing issuance or renewal application. Please supply the following information and return along with your application to the agency issuing the license.

MN Tax ID Number _____ OR Social Security Number _____

Federal Tax ID Number _____

I have read and understand my rights and obligations with regards to contractor's licenses, permits, and worker's compensation, and I certify that the information provided is true and correct. The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the City Council of the City of Brainerd may from time to time prescribe.

Applicant Signature _____ Date _____

RV1.21

Office Use Only

License No. **2021-**

Receipt No.

Date Paid

Approval Date

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 <https://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. § 181.723, subd. 4](#), for building construction)
- 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:	Title
Applicant signature	Date