



Fee \$100.00

# CONTRACTOR'S AND HVAC LICENSE APPLICATION

216 4<sup>th</sup> St. N., Stillwater, MN 55082  
Phone 651-430-8825, Fax 651-430-8810

Business Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Effective May 31, 2017, Minn. Statute §270C.72, Subd. 4, requires cities to collect:

**EITHER** Applicant's social security number \_\_\_\_\_

**OR**

**BOTH** Federal Tax ID Number: \_\_\_\_\_ **AND** MN Tax ID Number: \_\_\_\_\_

### CHECK ONE BOX ONLY

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Contractors -Commercial Only* | <input type="checkbox"/> Masonry, Brick, Tuck-point Work | <input type="checkbox"/> Sign Installation |
| <input type="checkbox"/> Roofing – Commercial Only             | <input type="checkbox"/> Excavator                       | <input type="checkbox"/> Waterproofing     |
| <input type="checkbox"/> Moving and wrecking Buildings         | <input type="checkbox"/> HVAC Contractor*                |  |
| <input type="checkbox"/> Solar Panels                          | <input type="checkbox"/> Other _____                     |  |

### Please Attach:

- A Certificate of Liability Insurance with a minimum liability of \$300,000. The certificate holder must be the City of Stillwater.
- \*Commercial Contractors must provide MN Contractor License, IR License or registration Certificate.
- \*HVAC licenses must also attach a copy of the Mechanical Surety Bond.
- Proof of Worker's Compensation Coverage and Worker's Liability. Or read and sign below:

I certify that I am not required to carry worker's compensation insurance because:

- I am sole proprietor and I have no employees.
- I have no employees who are covered by worker's compensation law. Only employees who are specifically exempted by state are not covered by this law. These include: spouse, parents, children, regardless of age, and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work activity is controllable by the employer must be covered.

Form SP:C1-LICENSE APPLICANT: Pursuant to MN Statute 270.72 Tax Clearance: Issuances of Licenses, the licensing authority is required to provide the MN Commissioner of Revenue the MN Business Tax ID Number and the social security number of the applicant. Under MN Government Data Practices Act and Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. The 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 IRS.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

**I certify that the information provided above is accurate and complete.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ License Expiration Date \_\_\_\_\_ Date Paid \_\_\_\_\_ Check/CC # \_\_\_\_\_ Rec # \_\_\_\_\_