



City of Gem Lake
Heritage Hall
4200 Otter Lake Road | Gem Lake, MN 55110
651-747-2790/92 | 651-747-2795 (fax)
E-mail city@gemlakemn.org

Contractors License Application

Contractor Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Federal Tax ID #: _____ MN Tax ID #: _____

We request that the below indicated license(s) be granted pursuant to the Ordinances of the City of Gem Lake and the State of MN.

☐ By checking the box, the applicant agrees and acknowledges the electronic signature is valid and binding in the same force and effect as a handwritten signature.

Applicant Signature: _____ Date: _____

Applicant required to provide a "Certificate of Insurance" listing the City of Gem Lake as the certificate holder, showing a policy of Public Liability Insurance and proof of Worker's Compensation Insurance.

**** Excavators, Wreckers, Sewer and Water contractors must list the City of Gem Lake as an additional insured.**

Licenses

- | | |
|---|----------|
| <input type="checkbox"/> Automatic Underground Sprinkler System Installer | \$100.00 |
| <input type="checkbox"/> Blacktopping & Concrete / Masonry | \$100.00 |
| <input type="checkbox"/> Commercial General Construction | \$100.00 |
| <input type="checkbox"/> Demolition ** | \$100.00 |
| <input type="checkbox"/> Excavating & Grading ** | \$100.00 |
| <input type="checkbox"/> Fence | \$100.00 |
| <input type="checkbox"/> Mechanical - Must provide Gas Competency or a CSST training certificate / Gastite Card and Mechanical Bond | \$100.00 |
| <input type="checkbox"/> Outside Sewer & Water Installation ** - Must provide copy of Pipe Laying Bond & Pipe Layers Card | \$100.00 |
| <input type="checkbox"/> Sign - Must provide copy of Sign Bond Certificate | \$100.00 |
| <input type="checkbox"/> Specialty Contractor – If not licensed by the State of Minnesota | \$100.00 |
| <input type="checkbox"/> Tree / Trimming Removal | \$100.00 |

Office Use Only

License No. _____

Approved by: _____ Date: _____

License Price: _____ Card Processing Fee: _____ License Total: _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, 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 Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.