



2010 Application Package for Licensing: Mechanical, Gas Piping, & Accessory

Mail completed applications to:
CITY OF MINNETONKA – LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345

Questions –
call Val Northway, Licensing Coordinator, at 952/939-8274
or email: vnorthway@eminnetonka.com

Reminder: Minnetonka's license period is from February 1, 2010 to January 31, 2011

DIRECTIONS:

- 1. To be licensed for 2010, you must submit all of the requested documents (see #1-7 below) to the address shown above.**
 - 2. Please, do not mail an incomplete/partial application package - wait until you have the 7 documents, and submit everything together. Applications that are completed correctly (all 7 items) will be processed within 5 days.**
 - 3. If you need a license approval rushed, please inform us of your need in a cover letter or note – or tell staff, if applying in person. We can normally reduce processing time for you.**
 - 4. Mail all renewal application documents to the address shown above.**
- 2010 Contractor License Application – Page 1**
Instructions: Fill-in any blank lines & boxes. Must be signed by a company owner/officer.
 - Certificate of Liability Insurance – from your insurance agent**
The following limits are required: Bodily Injury \$500,000 each claim and each occurrence; Property Damage \$100,000. Also, the "Certificate Holder" box must read "City of Minnetonka – Licensing", 14600 Minnetonka Blvd, Minnetonka, MN 55345
Instructions: Include a copy of the insurance certificate. If you do not have a copy, ask your agent (not the city) to send a copy to you - and include it with this application.
 - MN Dept of Labor & Industry – \$25,000 Surety Bond - via the State Mechanical Code**
Instructions: Include a copy of the card that the State Dept of Labor & Industry sent back to you as proof they received your bond. (Do not send a copy of the bond that you submitted to the state.)
 - Certificate of Competency – a Competency Card from one of the cities listed on Page 2**
Instructions: Include a copy of the 2010 competency card(s) that matches #2 and #3 on the application form enclosed (page 1). Note: the enclosed "2010 Certificate of Competency" includes a list of the cities whose cards are accepted by Minnetonka. However, a "Journeyman" classification is never accepted.
 - Minnesota Business Tax Identification – Page 3**
Instructions: Fill-in any blank lines & boxes, and have an "authorized person" sign. The **MN Department of Revenue** requires the city to collect social security information when the applicant does not have MN and FED Tax ID numbers.
 - Workers' Compensation Insurance Coverage Law requirements – Page 4**
Instructions: Fill-in any blank lines & boxes, and have an "authorized person" sign. The **MN Dept of Labor & Industry** requires that the WC information be completed by you on their form.
 - Total Fee – follow this link to the License Fee Schedule for the current year – look under the type of contractor you are requesting**
Instructions: By check: payable to "City of Minnetonka". By charge: on a separate piece of paper, include the Visa, MasterCard, or Discover number, expiration date, and cardholder's name.



COMMUNITY DEVELOPMENT-LICENSING
14600 MINNETONKA BLVD
MINNETONKA, MN 55345
(952) 939-8274
Fax (952) 939-8244

2010 CONTRACTOR LICENSE APPLICATION
License term: February 1, 2010 – January 31, 2011

1. Contractor Business/Trade Name: _____
Business street address: _____
City _____ State _____ Zipcode _____
Telephone Number with Area Code: _____
Email address: _____
Fax number: _____
Name of Person to Contact with Licensing Questions: _____

2. **Put a checkmark by the license(s) requested - and attach a copy of a competency card:**

- WARM AIR (includes A/C)** **GAS PIPING**
The above license is a \$65 fee.
 - REFRIGERATION***
 - STEAM/HOT WATER*** **ACCESSORY (HVAC-B)****
The above license is a \$55 fee.
- *The above 3 licenses are covered by one \$65.00 fee.

****FOR "ACCESSORY ITEMS" :**
See the instructions on the attached "Certificate of Competency – Mechanical, Accessory, & Gas Piping Licenses", as this license application form is not necessary if you submit a copy of your Minnesota Builder Contractor License with each request for a permit.

3. **Enter the name of the person(s) holding the competency card(s) / master license(s):**

By entering a name on the line above, I confirm that the named Master License holder(s) is employed by or has an interest in the company named in #1 above.

4. Total Fee – follow this link to the [License Fee Schedule](#): \$ _____ \$130 =maximum
(make checks payable to City of Minnetonka)

I, (We), the undersigned, have complied with all requirements of section 510 of the Minnetonka City Code necessary for obtaining this license. I, (We), hereby apply for the license, subject to all conditions and provisions of the Minnetonka City Code.
(Must be signed by a company owner or officer).

OWNER/OFFICER SIGNATURE _____
DATE

PRINT THE SIGNER'S NAME AND TITLE

2010 Certificate of Competency

A list of the cities whose 2010 competency card is accepted in Minnetonka and a description of what permitted work can be done by those holding that competency card.

2010 Mechanical, Gas Piping, & Accessory Licenses

Mechanical License – fee \$65.00

One fee covers any one-or-all of the following three license categories:

- **Warm Air License – this license automatically covers air conditioning.**
May install, alter, repair, clean or extend any heating, ventilation or exhaust system, manufactured fireplaces, fireplace stoves, stoves or other manufactured wood burning devices, incinerators, chimneys or vents. Holder of this class is the only person allowed to install furnaces.

***Submit a copy of Certificate of Competency card**, which covers the majority of this license year, from Minneapolis, St. Paul, Bloomington (license), Burnsville (letter), St. Louis Park, St. Cloud (Class B...for heating installers), or Rochester.
- **Refrigeration License**
May alter, install, repair, clean or extend any cooling or refrigeration system.

****Submit a copy of Certificate of Competency card**, which covers the majority of this license year, from Minneapolis, St. Paul, Bloomington (license), Burnsville (letter), St. Louis Park, St. Cloud, or Rochester.
- **Steam/Hot Water License**
Holder of this license may install, alter, repair, clean or extend any hot water low pressure steam system.

***Submit a copy of Certificate of Competency card**, which covers the majority of the license year, from Minneapolis, St. Paul, Bloomington (license), Burnsville (letter), St. Louis Park, or Rochester.

Gas Piping License – fee \$65.00

May install, alter, repair, extend any gas piping system from the house side of the meter to appliances. Allowed to install manufactured gas and wood fireplaces.

***Submit a copy of Certificate of Competency card**, which covers the majority of this license year, from Minneapolis, St. Paul, Bloomington (license), Burnsville (letter), St. Louis Park, St. Cloud (Class B...for heating installers), or Rochester.

Accessory Items – fee \$55

This license is not required if you submit a copy of the *2010 Minnesota Builder Contractor License Certificate with every permit request. Also, this license is not necessary if you are licensed for Mechanical or Gas Piping.

May install, alter, or repair manufactured fireplaces, fireplace stoves, stoves, or other manufactured wood burning devices and accessory items such as humidifiers, electronic air cleaners, air filter devices, residential exhaust fans and window air conditioners and other self-contained refrigeration units. **(You must hold a City of Minnetonka Gas Piping license to install the gas piping system.)**

Rev. 12/09

*** We cannot accept a "Journeyman" competency card or a card with an expiration date that has passed.**

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.

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 license 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.

| | | | | | |
|-----------------------------------------------------------------------|--|---------------|------------------------------------------|---------------------------------------------------------------|----------------|
| NAME UNDER WHICH THE MN TAX ID IS FILED (<u>licensee name</u>) | | | | Type of license applying for: | |
| | | | | Mechanical and/or Gas Piping | |
| Licensee: Address | | L City | L State | L Zip | L Phone |
| Establishment: Name | | | | Minnetonka License Number (completed by Minnetonka) | |
| Establishment: Address | | E City | E State | E Zip | E Phone |
| Minnesota Tax Identification Number | | | Federal Tax Identification Number | | |

Be sure to sign and date at bottom of form.

INSTRUCTIONS FOR BOXES BELOW:

1. **If all boxes above are completed, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.**
2. **However, if all boxes above are not completed, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)**

| | | | |
|----------------------------------------------------------------------------------|--|-----------------------------------|--------------------------|
| Applicant's (person's) name (LAST, first, middle initial) | | Social Security Number | |
| Home address | | Home City, State, Zip code | Home Phone number |
| <input type="checkbox"/> Check if address is for both home & business | | | |

Signature: _____ **Date:** _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

| | |
|--------------------------------------------------------------|--------------------------------------|
| BUSINESS NAME (Individual name only if no company name used) | LICENSE OR PERMIT NO (if applicable) |
|--------------------------------------------------------------|--------------------------------------|

DBA (doing business as name) (if applicable)

| | | | |
|-------------------------------------------------------|------|-------|----------|
| BUSINESS ADDRESS (PO Box must include street address) | CITY | STATE | ZIP CODE |
|-------------------------------------------------------|------|-------|----------|

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

| | | |
|--------------------------------------------|----------------|-----------------|
| WORKERS' COMPENSATION INSURANCE POLICY NO. | EFFECTIVE DATE | EXPIRATION DATE |
|--------------------------------------------|----------------|-----------------|

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

| | | |
|---------------------------------|-------|------|
| APPLICANT SIGNATURE (mandatory) | TITLE | DATE |
|---------------------------------|-------|------|

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.