



Application Forms for Swimming Pool Contractor*

Mail applications to: **City of Minnetonka
Licensing
14600 Minnetonka Blvd
Minnetonka, MN 55345**

Questions:
Phone: 952/939-8274
Fax: 952/939-8244
Email: vnorthway@eminnetonka.com

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

DIRECTIONS:

- 1. Do not mail a partial license application-package – please wait until you have all required documents, listed below, ready to submit.**
- 2. Mail all renewal application documents**

***NOTE:** If you hold a “State of Minnesota; Residential Building Contractor License” for the current year, you are not required to have a Swimming Pool Contractor license from the City of Minnetonka. Instead, each time you request a permit, submit a copy of your current-year Minnesota contractor license.

- Swimming Pool Contractor License Application - enclosed**
Instructions: Complete the application form – must be signed by a company owner/officer.
- License Or Permit Bond**– enclosed (2-pages – can be copied as one 2-sided page)**
Instructions: Ask your bonding/insurance company to complete this form for a \$10,000 bond, and they will include a Power of Attorney with these two pages. If you have a continuous bond from a previous year, include the following information: 1) bond number, 2) the last year you were licensed in Minnetonka, and 3) evidence that the bond is still in effect.
- Certificate of Liability Insurance: Bodily Injury \$500,000 each claim and each occurrence; Property Damage \$100,000.**
Instructions: Ask your agent to give you a copy – for you to include with this application. The Certificate Holder section should read: City of Minnetonka, Licensing Division, 14600 Minnetonka Blvd, Minnetonka, MN 55345.
- Minnesota Business Tax Identification Law form – enclosed**
Instructions: Complete the enclosed form – and have it signed by an owner or owner-authorized person. Note: 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.
- Minnesota Workers' Compensation Insurance Coverage Law form – enclosed.**
Instructions: Complete the enclosed form – and have it signed by an owner or owner-authorized person. The MN Department of Labor and 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 Contractors – Swimming Pool. Make check payable to “City of Minnetonka”**

If you have any questions regarding the licensing process, please contact me at (see top of page).

Sincerely,
Valerie Northway, Licensing Coordinator



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

**SWIMMING POOL CONTRACTOR
LICENSE APPLICATION**
February 1, _____ – January 31, _____

1. Contractor Business/Trade Name: _____

2. Business Street Address: _____

City _____ State _____ Zip _____

3. Telephone Number with Area Code: (____) _____

Fax number: (____) _____

Email address: _____

The name of a person to contact with licensing questions: _____

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

I, (We), the undersigned, have complied with all requirements of section 500 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.)

SIGNATURE OF APPLICANT

DATE

PRINT THE SIGNERS NAME AND TITLE

LICENSE OR PERMIT BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS that:

We, _____ as Principal and _____ a _____ corporation organized and existing under the laws of the State of _____ and duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as Surety, are held and firmly bound unto the City of Minnetonka (Obligee), County of Hennepin, State of Minnesota, in the penal sum of:

- Ten thousand and no/100 Dollars - \$10,000 – holding one license

for the use and benefit of said City of Minnetonka and all persons suffering damages by reason of the breach of the conditions of this bond, for the payment of which sum to be made to said City of Minnetonka, for the payment of which sum, well and truly to be made, the Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally by this document.

WHEREAS, the principal has obtained from (or applied to) Obligee a License or Permit described as follows: SWIMMING POOL CONTRACTOR, to do business in the City of Minnetonka, Minnesota.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above named Principal shall in all equipment and material provided and all work done by him pursuant to the license(s) and/or permit(s) issued by the Obligee, strictly conform to the provisions of the ordinances of said City, then this obligation shall be void, otherwise to remain in full force and effect.

The term of this bond shall be:

- Continuous, beginning _____, 20_____, in which case the bond may be cancelled by Surety as to subsequent liability by giving thirty (30) days notice (or the minimum period required by law, whichever is greater) in writing to Obligee.
- Beginning _____, 20_____, and ending January 31, 20 _____.

PROVIDED that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid, the surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of the bond.

Signed, sealed and dated _____, 20_____.

Company name

by _____

Officer of Company, Title

Surety Company

by _____

Attorney in Fact

(seal ↑)

Fill out the notarizations on the backside of this form (page 2 of 2). Also enclose a Power of Attorney.

Individual Principal	<p>State of Minnesota)) ss. County of Hennepin)</p> <p>On this _____ day of _____, 20____, before me a Notary Public within and for said County, personally appeared _____ to me known to be the person described in, and who executed the foregoing instrument, and acknowledged that s/he executed the same as her/his free act and deed.</p> <p>_____</p> <p>Notary Public, _____ County, _____</p> <p>My Commission expires: _____</p>
Partnership Principal	<p>State of Minnesota)) ss. County of Hennepin)</p> <p>On this _____ day of _____, 20____, before me a Notary Public within and for said County, personally appeared _____ a member of a partnership consisting of _____ doing business under the firm name and style of _____ to me known to be the person described in, and who executed the foregoing instrument, and acknowledged that s/he executed the same as the free act and deed of said partnership.</p> <p>_____</p> <p>Notary Public, _____ County, _____</p> <p>My Commission expires: _____</p>
Corporation Principal	<p>State of Minnesota)) ss. County of Hennepin)</p> <p>On this _____ day of _____, 20____, before me a Notary Public within and for said County, personally appeared _____ and to me personally known, who, being each by me duly sworn did say that they are respectively the _____ President and the _____ of the Corporation named in the foregoing instrument, and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors and said _____, acknowledged said instrument to be the free act and deed of said corporation.</p> <p>_____</p> <p>Notary Public, _____ County, _____</p> <p>My Commission expires: _____</p>
Surety Company	<p>State of Minnesota)) ss. County of Hennepin)</p> <p>On this _____ day of _____, 20____, before me a Notary Public within and for said County, personally appeared _____ to me personally known and by me duly sworn, did say, that s/he is the Attorney-in-Fact of _____, a corporation of _____, created, organized and existing under and by virtue of the laws of the State of Minnesota, and authorized to contract as surety in the State of Minnesota, that the said instrument was executed on behalf of the corporation by authority of its Board of Directors and that the said _____ acknowledges said instrument to be the free act and deed of said corporation and the seal affixed to said instrument is the corporate seal of said corporation.</p> <p>IN WITNESS WHEREOF, I have hereunto subscribed by name and affixed by official seal at the day and year last above written.</p> <p>_____</p> <p>Notary Public, _____ County, _____</p> <p>My Commission expires: _____</p>

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 (licensee name)				Type of license applying for:	
				Swimming Pool Contractor	
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)
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DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**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
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NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

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

NUMBER 3 COMPLETE THIS PORTION IF YOU ARE 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
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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.