



Inspections Department

Enclosed is a 2012 Mechanical Contractor License application. You are required to fill out completely, submit with required documentation, and pay the fee before you perform any work in St. Louis Park during 2012. **The 2012 annual license fee is \$95.** City Council approved the fees during the October 3, 2011 meeting.

*Please complete the section of the application that requires **City of St. Louis Park** competency cardholders name and the issued competency card number. You will need to provide proof of insurance (\$1,000,000 General Liability) and a copy of your State of Minnesota \$25,000 Mechanical bond.*

In order to receive a City of St. Louis Park Certificate of Competency a new applicant shall take the written test unless waived by the Director of Inspections. Eligibility to have the test waived is that the applicant shall have a current Certificate of Competency issued by a City having requirements equal to or greater than St. Louis Park. Currently, cities that meet these requirements are Minneapolis, St. Paul, and Bloomington. If you possess a Certificate of Competency from any of these cities, a copy of the certificate must be attached to and submitted with this application to waive the St. Louis Park competency test. Renewal of competency certificate in the City of St. Louis Park requires proof of at least six hours of continuing education during the three year period the card is valid for and a renewal form must be filled out.

Payment, proof of insurance and proof of state bond is due at the time of submittal. The city accepts cash, check or credit card (Visa, MasterCard, Discover, and American Express) is accepted.

The City has received notice from the Minnesota Department of Labor and Industry that all licensed establishments must complete and submit a "Certificate of Compliance" form proving evidence of compliance with the workers' compensation insurance coverage requirement by MN Statutes Chapter 176. This **signed form is in addition** to any other required license insurance certificates and will be required with license renewals each year going forward. **Please complete and sign the enclosed form and return with your license application.**

If your Workers' Compensation policy is ever cancelled within the license period, you are required to notify the City by resubmitting this form. If you have any questions regarding the new policy please contact the Minnesota Department of Labor and Industry at 651-284-5005.

Please contact the Inspections Department at 952-924-2588 with any questions pertaining to your 2012 license application.

The Inspections Department

City of St. Louis Park * Inspections Department * 5005 Minnetonka Blvd * St. Louis Park, MN 55416
Phone 952-924-2588 * Fax 952-924-2663 www.stlouispark.org

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 www.dli.mn.gov
 dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
 BUSINESS TYPES**

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. 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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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)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 – Reason for exemption from workers' compensation insurance

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

- I have no employees.
- I am self-insured for workers' compensation (include a copy of 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.

APPLICANT SIGNATURE (mandatory)	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. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.