

## License Application: Trades

Use this application if you would like to apply for one or more trade licenses.

**Your business must be located in Minnesota and have a Minnesota address.**

**License holder must be at least 18 years old.**

A complete set of requirements can be found in the Minneapolis Code of Ordinances, [Chapter 277](#).

### 1. Application requirements

- Complete the application and include all the requirements listed below. Incomplete applications may be returned.
- There is a [fee](#), plus a new license processing charge, for this application. You can pay by
  - ☐ **Cash:** Do not mail cash, must drop off in person.
  - ☐ **Check:** Make checks payable- Minneapolis Finance Department
  - ☐ **Credit Card:** *Do not add your credit card information*, we will call you for payment.

### 2. License types

- Check all that apply and attach the documents listed. You do not need to complete any more applications.
- Insurance: Only one certificate of insurance required.
- Information about State of Minnesota bonds is available at the [Department of Labor and Industry](#) website.
- City bonds are available on our [website](#).
- Competency Card information is available from the [Construction Code Services website/Competency Cards](#).
- If you have any questions send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

- ☐ **Billboard Erector-** Contractors who construct, reconstruct, alter, repair, install or remove any billboard.
- ☐ Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage.
  - ☐ A [State of Minnesota \\$8,000 bond](#) is required or
  - ☐ Attach your [City of Minneapolis \\$8,000 bond](#).

- ☐ **Billposting-** Contractors who post notices, posters, or advertisements on walls, billboards or digital displays in public places.
- ☐ Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage.
  - ☐ Attach your [City Minneapolis \\$10,000 bond](#).

- ☐ **Building Wrecker, A-** A contractor who tears down any building or structure within the city and may tear down any building or structure regardless of size or height.
- ☐ Attach a copy of your Insurance Certificate: \$1,500,000 per occurrence for bodily injury and \$150,000 per occurrence for property damage; No explosion collapse exceptions; Minneapolis must be named on the certificate.
  - ☐ Attach your [City Minneapolis \\$50,000 bond](#).

- ☐ **Building Wrecker, B-** A contractor who tears down any building or structure within the city no taller than three stories or 35 feet high and not larger than 10,000 square feet above grade.
- ☐ Attach a copy of your Insurance Certificate: \$300,000 per occurrence for bodily injury and \$50,000 per occurrence for property damage; No explosion collapse exceptions; Minneapolis must be named on the certificate.
  - ☐ Attach your [City Minneapolis \\$10,000 bond](#).

- ☐ **Duct Cleaner (HVAC B)-** A contractor who cleans air distribution or air exhaust systems. Work cannot require pulling apart or replacing equipment unless this is necessary to clean openings.
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - ☐ A [State of Minnesota \\$25,000 bond](#) is required or
  - ☐ Attach your [City Minneapolis \\$10,000 bond](#).
- ☐ **Gas Fitter-** A contractor who installs and fixes fuel gas burning equipment and systems.
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - ☐ A [State of Minnesota \\$25,000 bond](#) and a City of Minneapolis Competency Card are required.
- ☐ **Heating, Ventilation, Air Conditioning (HVAC A)-** A contractor who installs, fixes, and cleans air handling equipment and air distribution systems for heating, ventilation, or air conditioning.
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - ☐ A [State of Minnesota \\$25,000 bond](#) and a City of Minneapolis Competency Card are required.
- ☐ **Oil Burner-** A contractor who installs and fixes oil burners and oil burner equipment. An oil burner is any device which burns fuel oil with a flash point of 100 degrees Fahrenheit or higher and having a fuel tank of more than 10 gallons. Equipment also all tanks, piping, pumps, control devices and accessories connected to such burners.
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - ☐ A [State of Minnesota \\$25,000 bond](#) and a City of Minneapolis Competency Card are required.
- ☐ **Plumber-** Plumber Contractors work on connections with the water pipes, water mains, branch sewers, main sewers, drains. This includes installing or fixing pipes, taps, stopcocks, water closets, atmospheric burners, power burners that do not exceed one hundred thousand (100,000) btus, fuel gas piping, combustion air piping, fuel gas venting or gas burner equipment. Plumber/Gas Fitter Contractors may also install or fix power burner equipment.
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - ☐ A [State of Minnesota \\$25,000 bond](#) and a City of Minneapolis Competency Card are required.
- ☐ **Refrigeration Systems Installer-** A contractor who installs and fixes refrigeration equipment and systems.
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - A [State of Minnesota \\$25,000 bond](#) and a City of Minneapolis Competency Card are required.
- ☐ **Sign Hanger-** A contractor who constructs, reconstructs, alters, repairs, installs, or removes any sign on an exterior wall or roof of any building.
- ☐ Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage.
  - ☐ A [State of Minnesota \\$8,000 bond](#) is required or
  - ☐ Attach your [City Minneapolis \\$8,000 bond](#).
- ☐ **Sign Painting-** A contractor who paints signs, notices, posters, or billboards in public places.
- ☐ Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage.
  - ☐ Attach your [City Minneapolis \\$10,000 bond](#).
- ☐ **Steam and Hot Water-** A contractor who installs and fixes:
- 1) steam and hot water heating equipment and systems or
  - 2) cooling and steam piping equipment and systems
- ☐ Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage.
  - ☐ A [State of Minnesota \\$25,000 bond](#) and a City of Minneapolis Competency Card are required.

### 3. Background information

<b>Minnesota Sales Tax ID Number</b>		<b>Social Security Number or ITIN (Required)</b>	
Legal/Corporate Name of Business	Trade Name (DBA)	Business Telephone Number	
Business Address/Location- must be in MN	City	State- MN	Zip Code
Mailing Address (if Different than Business Address)	City	State	Zip Code
Name of Person Filling out this Application	Title	Telephone Number	
E-Mail Address	Cell Phone Number		
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### 4. Qualified master(s) Attach additional sheets if necessary.

Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade

List all types of work to be conducted in Minneapolis.

### 5. Workers compensation

Workers' Compensation Company	Policy Number	Coverage Dates
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-----Or-----

I certify that I am not required to carry workers' compensation insurance because: ☐ I am self insured. ☐ I am the sole proprietor and I have no employees. ☐ I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

## 6. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## 7. Additional information

### 1. License Application

- a. No license will be issued for a period longer than one year.
- b. You cannot transfer this license to any other person or location.
- c. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

### 2. Bond

- a. This is a continuous bond and valid until cancelled.
- b. The amount of the bond must be the same as the amount required above.
- c. The name of the licensee and the principal on the bond must be the same.
- d. If you do not have a Minnesota Bond, contact your [License Inspector](#) for a City of Minneapolis bond.

## General License Bond

State of Minnesota  
County of Hennepin

**Know All Men By These Presents,** That \_\_\_\_\_, (as principal,) and \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_, as surety, are held and firmly bound unto the city of Minneapolis, a municipal corporation in the County of Hennepin and state of Minnesota, for the benefit and protection of any person for whom said principal shall do any \_\_\_\_\_ work in the sum of \_\_\_\_\_ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made, we jointly and severally bind ourselves, our successors, heirs, executors and administrators, successors and assigns, firmly by these presents.

The conditions of the above obligation are such that, whereas the above named principal has duly applied for a license to engage in the occupation and business of \_\_\_\_\_ in the City of Minneapolis, Minnesota, during the license year ending the first day in December, A.D. 20\_\_\_\_, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

**Now, Therefore,** in case such license shall be issued to said above bounden principal, if he shall well and truly indemnify and save harmless any and all persons for whom he shall do \_\_\_\_\_ work from any and all loss or damage arising out of such licensee's failure to comply with any such specifications pertaining to such work, to use non-inferior materials, to do competent work, to pay for labor and materials, and to fully and properly perform all contracts entered into for the performance of such work by such licensee, then this obligation to be null and void; otherwise to be and remain in full force and effect.

**Provided, However,** it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one license period shall not exceed the above stated penal sum.

**It is Further Provided,** that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred, or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

**In Witness Whereof,** we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

Signed, Sealed, and Delivered in the Presence of:

_____	_____ (Seal)
_____	_____ (Seal)
As to Principal	Principal
_____	_____ (Seal)
_____	_____ (Seal)
As to Surety	Surety

### Acknowledgement of Principal (Individual)

State of Minnesota }  
County of Hennepin } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_, before me appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

Signature of Notary \_\_\_\_\_

Notary \_\_\_\_\_ County \_\_\_\_\_ State

My Commission expires \_\_\_\_\_

### Acknowledgement of Principal (Partnership )

State of Minnesota }  
County of Hennepin } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_, before me appeared \_\_\_\_\_ and \_\_\_\_\_, doing business as \_\_\_\_\_ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

Signature of Notary \_\_\_\_\_

Notary \_\_\_\_\_ County \_\_\_\_\_ State

My Commission expires \_\_\_\_\_

### Acknowledgement of Principal (Partnership )

State of Minnesota }  
County of Hennepin } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_, before me appeared \_\_\_\_\_ and \_\_\_\_\_, to me personally known, who being by me duly sworn did say that they are respectively the \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said \_\_\_\_\_ and \_\_\_\_\_ acknowledged said instrument to be the free act and deed of said corporation.

Signature of Notary \_\_\_\_\_

Notary \_\_\_\_\_ County \_\_\_\_\_ State

My Commission expires \_\_\_\_\_

### Attach Acknowledgement of Surety

# City of Minneapolis Requirements for Insurance Certificate

## CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,  
binder or TBA.

The Legal/Corporate name  
must match exactly  
(word for word) to the  
Approved License Name  
(including Inc. or LLC),  
Trade Name (DBA),  
and address of premises.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED	NAIC #

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A <input type="checkbox"/>			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:						

City of Minneapolis as  
certificate holder and  
additional insured

Original signature or  
stamp of agent.

CERTIFICATE HOLDER  <b>Additional Insured:</b> City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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Applications will be returned if requirements are not complete.