

License Application: Steam and Hot Water Systems Installer

Definition: A contractor who installs and fixes

- 1) steam and hot water heating equipment and systems or
- 2) cooling and steam piping equipment and systems.

A complete set of requirements can be found in the Minneapolis Code of Ordinances, [Chapter 278](#).

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - ☐ **Cash:** Drop off your application at our office.
 - ☐ **Check:** Mail or drop off your application at our office.
 - ☐ **Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. ☐ Attach a copy of your [Certificate of Liability Insurance](#) (Sample Form #1)
 - a. This must be furnished by your Insurance Agent.
 - b. You are required to have general liability which includes premises, operations, and products insurance with the following coverages:
 - ☐ \$100,000 per occurrence and \$300,000 aggregate for bodily injury
 - ☐ \$100,000 per occurrence and \$300,000 aggregate for property damage
4. Bond - A [State of Minnesota \\$25,000 bond](#) is required.
5. A [City of Minneapolis Competency Card](#) for the owner or employee.

2. Additional Licenses

Would you like to apply for another trade license?

1. Check all that apply and attach the documents listed. You do not need to complete any more applications.
2. You will be charged a [fee](#) for each additional license. You do not need to pay another new license processing charge.
3. Insurance: Only one [Certificate of Liability Insurance](#) is required.
4. Information about State of Minnesota bonds is available at the [Department of Labor and Industry](#) website.
5. Competency Card information is available from the [Construction Code Services website/Competency Cards](#).
6. If you have any questions, please, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

- ☐ **Billposting/Billboard Erector**
 - ☐ Attach a copy of your Insurance Certificate: \$25,000 per occurrence and \$50,000 aggregate for bodily injury; \$10,000 per occurrence for property damage.
 - ☐ Billboard Erector: Attach a copy of your [City of Minneapolis \\$8,000 bond](#) or a [State of Minnesota \\$8,000 Bond](#) is required.
 - ☐ Billposting: Attach a copy of your [City of Minneapolis \\$10,00 bond](#).
- ☐ **Building Wrecker, A**
 - ☐ 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](#).

<input type="checkbox"/> Building Wrecker B
<input type="checkbox"/> 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. <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond .
<input type="checkbox"/> Duct Cleaner (HVAC B)
<input type="checkbox"/> 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 <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond .
<input type="checkbox"/> Gas Fitter
<input type="checkbox"/> 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.
<input type="checkbox"/> Heating, Ventilation, Air Conditioning (HVAC A)
<input type="checkbox"/> 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.
<input type="checkbox"/> Oil Burner
<input type="checkbox"/> 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.
<input type="checkbox"/> Plumber
<input type="checkbox"/> 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.
<input type="checkbox"/> Refrigeration Systems Installer
<input type="checkbox"/> 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.
<input type="checkbox"/> <u>Residential Specialty Contractor</u>
<input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$10,000 for property damage. <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond . Category of skills: _____
<input type="checkbox"/> Sign Hanger
<input type="checkbox"/> 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 <input type="checkbox"/> Attach your City Minneapolis \$8,000 bond .
<input type="checkbox"/> Sign Painting
<input type="checkbox"/> Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage. <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond .

3. Background Information

Minnesota Sales Tax ID Number		Social Security Number or ITIN (Required)	
Legal/Corporate Name of Business	Trade Name (DBA)	Business Telephone Number	
Business Address/Location	City	State	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"/> Sole Proprietor	<input type="checkbox"/> LLC <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 call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
- d. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

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.

City of Minneapolis Requirements for Insurance Certificates

#1

CERTIFICATE OF LIABILITY INSURANCE

**Certificate cannot be pending,
binder or TBA.**

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

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER
 City of Minneapolis
 Licenses and Consumer Services
 505 Fourth Ave. S., Room 220
 Minneapolis, MN 55415

AUTHORIZED REPRESENTATIVE

Original signature or stamp of Agent.

Applications will be returned if requirements are not complete.