

License Application: Window Cleaning

Definition: All window cleaning performed on the inside or outside of any building, structure, or skyway when such work is performed at a level that is suspended or requires a mobile elevated work platform for more than 24 feet above grade or on an adjoining flat roof or other flat surface requires a license.

License is not required for window cleaning that is performed from grade level or from a ladder supported at grade or for owners or residents cleaning their own windows.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

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](#)
 - a. This must be furnished by your Insurance Agent.
 - b. You are required to have general liability which includes premises, operations, and products insurance not covered by workmen's compensation law with the following coverages:
 - \$100,000 for bodily injury or death for any person not covered by worker's compensation
 - \$300,000 for bodily injury or death for more than one person for one accident
 - \$100,000 for damage or destruction of property.
4. Attach a list of your employees with signed training – Form #2

Training checklist: each employee must have at least 100 total hours in the following subjects and certified in-

- Ladder use and safety
- Water fed pole use and safety
- Ropes, rigging and swing stage (including swing stage type T/F) use and safety
- First aid (including mental health first aid)
- Cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use
- Competent person training
- Injury prevention
- Communication and conflict management
- Aerial lift use and safety
- Heat stress and HAZCOM training
- Occupational Safety and Health Administration (OSHA) 30 hours training

2. Business information

Minnesota Sales Tax ID Number	Social Security Number or ITIN (Required)		
Legal/Corporate Name of Business	Business Name (DBA)	Business Telephone Number	
Company Address	City	State	Zip Code
Mailing Address (if Different than Company Address)	City	State	Zip Code
Name of Person Filling out this Application	Title	Telephone Number	
Company 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	Number of employees:		

3. Owners

List all owners, partners or officers. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

List all types of work to be conducted in Minneapolis.

4. Workers compensation

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

No license will be issued for a period longer than one year.
You cannot transfer this license to any other person or location.

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at 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.

Window Cleaner List

Attach additional sheets if necessary.

List all persons who will be washing windows for your company.

Full Name	Date of Birth	Email	Phone Number	Date Training was Started	Date Training was Completed

I, _____, declare under penalty of perjury that as of this date, the following is a true and complete list of all workers washing windows.

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

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

Signature _____ Title _____ Date _____