

License Application: Residential Specialty Contractor

Definition: A contractor or remodeler who performs work in one of the disciplines below on homes with 1 – 4 residential units. If you have a [State of Minnesota Residential Building License](#), you do not need a Minneapolis license. A complete set of requirements can be found in the Minneapolis Code of Ordinances, [Chapter 277](#) or in the state of [Minnesota's requirements](#).

Roofers are required to obtain a [State of Minnesota license](#) and do not need a Minneapolis license.

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:** 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 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
 - ☐ \$10,000 for property damage
4. ☐ Bond - Attach a copy of your [City of Minneapolis \\$10,000 bond](#) (Form #3)
5. Your Minneapolis Residential Specialty Contractors' License allows you to perform [one of the disciplines](#) listed here. Please check one.
 - ☐ **Carpentry:** rough framing, finish carpentry, doors, windows and skylights, porches and decks, excluding footings, wood foundations, drywall installation, excluding taping and finishing
 - ☐ **Drywall and Plaster:** installation, taping, finishing, interior plaster, painting, wallpapering
 - ☐ **Excavation:** excavating, trenching, grading, site grading
 - ☐ **Exterior finishing:** siding, soffit, fascia and trim, exterior plaster and stucco, painting, rain carrying systems, including gutters and down spouts
 - ☐ **General installation specialties:** garage doors and openers, pools, spas and hot tubs, fireplaces and wood stoves, asphalt paving and seal coating, exterior plaster and stucco, ornamental guardrail and prefabricated stairs
 - ☐ **Interior finishing:** floor covering, wood floors, cabinet and countertop installation, insulation and vapor barriers, interior or exterior painting, ceramic, marble and quarry tile, wallpapering, ornamental guardrail and installation of prefabricated stairs
 - ☐ **Masonry/Concrete:** drain systems, poured walls, slabs and poured-in-place footings, masonry walls, masonry fireplaces, masonry veneer, water resistance and waterproofing

2. 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"/> 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 %	
4. Qualified Master(s) Attach additional sheets if necessary.			
Name of Master		Comp Card Number	Trade
Name of Master		Comp Card Number	Trade
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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

- No license will be issued for a period longer than one year.
- You cannot transfer this license to any other person or location.
- Information about State of Minnesota bonds is available at the [Department of Labor and Industry](#) website.
- Competency Card information is available from the [Construction Code Services website/Competency Cards](#)

2. Bond

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

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.

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:														
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr><td>INSURER A :</td><td></td></tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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City of Minneapolis as
certificate holder and
additional insured

Original signature or
stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	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

Applications will be returned if requirements are not complete.

Residential Specialty Contractor's 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 residential specialty contractor work in the sum of Ten Thousand Dollars (\$10,000), 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 residential specialty contracting 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 residential specialty contractor 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