

City of Robbinsdale

2010 FIRE SUPPRESSION CONTRACTOR LICENSE APPLICATION

4100 Lakeview Ave N
 Robbinsdale MN 55422
 Phone: 763-531-1268
 Fax: 763-537-7344
 Email: ebapp@ci.robbinsdale.mn.us

License Fee: \$50 Calendar Year

I/WE, _____, hereby make application to the Honorable City Council for approval of a Fire Suppression / Fire Sprinkler Contractor license subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility, is determined by the provisions of the licensing ordinance and other applicable laws, and shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES

(Provide in full the first, middle and last names where requested)

Applicant Name & Title	Trade Name or D.B.A.		
Business Address	City	State	Zip
Contact Person's Name and Phone Number (<i>please</i> provide a number where this contact person, if needed, can be reached immediately; NOT a "general" phone number):			

Applicant must provide the following information as a part of this application:

- A certificate of Liability Insurance of not less than \$1,000,000 combined single limit issued by an insurance company authorized to do business in the state of Minnesota. The policy must provide that it may not be cancelled by the issuer except upon ten days' written notice to the city. The policy of insurance must be maintained in its original amount by the licensee during the period for which the license is in effect. If the insurance is cancelled, the license or permit will be automatically suspended until the insurance is replaced. The city must be named as certificate holder, or additional insured, on the insurance certificate depending upon the provisions of the contract. Any requests for lesser amounts of insurance require prior council approval,
- A certificate of Workers' Compensation Insurance, if applicable,
- A \$50 City License fee.

We accept MasterCard, Visa, American Express, Discover, cash or checks.

For charge card payments, please use our "charge card information form". Do *not* write your charge card information directly on the application.

MINNESOTA TAX CLEARANCE AND WORKERS COMPENSATION

- The licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.
- Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information: (1) This information may be used to deny insurance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; (2) Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of information agreement, the Department of Revenue may supply this information to the Internal Revenue Service; (3) Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

This information will be collected by the licensing agency and retained in their files.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:			
APPLICANT'S NAME (LAST, FIRST, MI):		SOCIAL SECURITY NUMBER	
HOME ADDRESS:	CITY	ZIPCODE	PHONE NUMBER
BUSINESS INFORMATION			
BUSINESS NAME:			
BUSINESS ADDRESS:	CITY	ZIPCODE	PHONE NUMBER
MINNESOTA TAX IDENTIFICATION NUMBER:		FEDERAL TAX IDENTIFICATION NUMBER:	
IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:			

WORKERS COMPENSATION INSURANCE

Provide certificate of insurance with the City of Robbinsdale listed as a certificate holder, unless below applies: I certify that I am not required to carry worker's compensation insurance because (check one): <input type="checkbox"/> I am the sole proprietor and I have no employees OR <input type="checkbox"/> I am self insured (include permit to self-insure) <input type="checkbox"/> 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, Children (regardless of age), and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.		
I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$2,000 penalty if the information is false. I certify that all information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.		
SIGNATURE:	POSITION (OFFICER, PARTNER, ETC):	DATE SIGNED:

No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.