



**City of Minneapolis
Licenses and Consumer Services**

350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-3000 or 311
Fax: 612-673-3399 TTY: 612-673-2157

www.ci.minneapolis.mn.us/business-licensing

EXPIRATION: Dec 1
LICENSE CODE: 107
Revenue Code 311011
MCO: 278
Adm Issuance: YES
LICENSE ID #:

License Application Guidelines and Checklist

License Type: Heating, Ventilation and Air Conditioning

Definition: A person holding a valid certificate of competency issued by the City of Minneapolis who has the necessary qualifications, training, experience, and technical knowledge to install, alter, repair, service and clean air handling equipment and air distribution systems for heating, ventilation or air conditioning and supervise/direct the work of others engaged in the same.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1 attached – 2 pages)
	<input type="checkbox"/> 2. Certificate of Liability Insurance (Sample Form #2 attached) <ul style="list-style-type: none"> a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages: <ul style="list-style-type: none"> <input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for bodily injury <input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for property damage
	<input type="checkbox"/> 3. A copy of the \$25,000 bond filed with the State of Minnesota. http://www.doli.state.mn.us/pdf/bc_mechanical_bond_form.pdf or www.doli.state.mn.us
	<input type="checkbox"/> 4. A copy of a current City of Minneapolis Master Competency Card for employee or owner. http://www.ci.minneapolis.mn.us/mdr/compcards/
	<input type="checkbox"/> 5. Fee: _____ http://www.ci.minneapolis.mn.us/business-licensing/docs/License-and-Annual-Billing-Fees-Schedule.pdf

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. Minnesota Sales Tax Identification Information: 651-296-6181 or http://www.taxes.state.mn.us/taxes/business_taxpayers/business_registration/help/contents/help_id.shtml

2. Bond

- a. The bond is continuous and valid until cancelled.
- b. The amount of the bond must be the same as the amount listed above.
- c. The name of the licensee and the principal on the bond must be the same.
- d. Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
- e. Bond must include an acknowledgement of surety and the agent’s power of attorney.

3. Minneapolis Code of Ordinances (MCO)

Specific license requirements may be found at: <http://www.municode.com/Resources/gateway.asp?pid=11490&sid=23>

4. Information in Other Languages

Call 612-673-3737. Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

TRADES LICENSE APPLICATION

1. TYPE OF LICENSE

- Billboard Erector, Building Wrecker (Class A/B), Duct Cleaner (HVAC Class B), Gas Fitter, Heating, Air Conditioning & Ventilation, Oil Burner Installer, Plumber, Refrigeration Installer, Residential Specialty Contractor, Sign Hanger, Steam and Hot Water Installer

2. BACKGROUND INFORMATION

Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number
Legal/Corporate Name of Business, Trade Name (DBA)
Business Address/Location, Business Telephone Number
Mailing Address (if different than Business Address)
Name of person filling out this application, Title, Telephone Number
E-Mail Address, Fax Number, Cell Phone Number
Name of Manager and Home Address, Date of Birth
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non Profit, Date of Incorporation, State of Incorporation
Is this business publicly traded? YES NO

3. QUALIFIED MASTER(S) Attach additional sheets if necessary.

Name of Master, Trade, Comp Card Number, Date of Birth
Name of Master, Trade, Comp Card Number, Date of Birth
Name of Master, Trade, Comp Card Number, Date of Birth

Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

List all types of work to be conducted in Minneapolis.

4. LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code

Have any of the individuals above been convicted of a crime? YES NO
 If Yes, Please provide (or attach) dates and conviction specifics.

5. WORKERS COMPENSATION		
Workers Compensation Company	Policy Number	Coverage Dates

-----Or-----

I certify that I am not required to carry worker's 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. VEHICLES			
Will there be vehicles used in the business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach additional sheets if necessary)			
Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

7. VERIFICATON		
<p>The data which you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given 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.</p> <p>SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____</p>		

City of Minneapolis Requirements for Insurance Certificates 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 Premise address.**

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	\$
					CTS - COMP/OP	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED A <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	

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

CERTIFICATE HOLDER / ADDITIONAL INSURED; INSURER LETTER CANCELLATION 10-Day Notice for Non-Payment of Premium

City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> AUTHORIZED REPRESENTATIVE _____ →
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Original Signature or stamp of Agent.

Applications will be returned if requirements are not complete.