



**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: 126
Revenue Code 311011
MCO: 278
Adm Issuance: YES
LICENSE ID #:

License Application Guidelines and Checklist

License Type: Refrigeration Systems Installer

Definition: A Refrigeration Systems Installer is 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 and service refrigeration equipment and systems.

Refrigeration Equipment is any part of a refrigeration system which includes any combination of parts in which a refrigerant is circulated for the purpose of extracting heat.

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. 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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#1

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

TRADES LICENSE APPLICATION

1. TYPE OF LICENSE		
<input type="checkbox"/> Billboard Erector	<input type="checkbox"/> Gas Fitter	<input type="checkbox"/> Refrigeration Installer
<input type="checkbox"/> Building Wrecker, Class A	<input type="checkbox"/> Heating, Air Conditioning & Ventilation	<input type="checkbox"/> Residential Specialty Contractor
<input type="checkbox"/> Building Wrecker, Class B	<input type="checkbox"/> Oil Burner Installer	<input type="checkbox"/> Sign Hanger
<input type="checkbox"/> Duct Cleaner (HVAC Class B)	<input type="checkbox"/> Plumber	<input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit	Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
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-----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? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

7. VERIFICATON

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.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (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.

SIGNATURE OF APPLICANT

TITLE

DATE

City of Minneapolis Requirements for Insurance Certificates

#2

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 LIMITS PER:				EACH OCCURRENCE \$ _____ 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

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	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. AUTHORIZED REPRESENTATIVE _____
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Original Signature or stamp of Agent.

Applications will be returned if requirements are not complete.