



**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 88 Billboard 89 Sign Hanger
Revenue Code 311011
MCO: 109, 277
Adm Issuance: YES
LICENSE ID #:

License Application Guidelines and Checklist

License Type: Billboard Erector or Sign Hanger

Billboard Erectors install, reconstruct, alter, repair or remove billboards or signs on the exterior walls or roofs of any building. A billboard is defined as a flat surface or board, usually outdoors, on which large advertisements or notices are posted.

Sign Hangers install, reconstruct, alter, repair or remove signs on the exterior walls or roofs of any building. A sign is defined as a notice bearing a name, direction, warning, or advertisement which is displayed or posted for public view.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1 attached – 2 pages)
	<input type="checkbox"/> 2. Bond <input type="checkbox"/> \$8,000 Bond (Form #2A attached for Billboard Erector or Form #2B for Sign Hanger) or <input type="checkbox"/> A copy of the \$8,000 bond filed with the State of Minnesota. www.doli.state.mn.us/rbc_signbond.html
	<input type="checkbox"/> 3. Certificate of Liability Insurance (Sample Form #3 attached) 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: <input type="checkbox"/> \$25,000 for injury or loss to one person <input type="checkbox"/> \$50,000 for each occurrence <input type="checkbox"/> \$10,000 property damage
	<input type="checkbox"/> 4. 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. Information must be on the attached City of Minneapolis Bond Form unless applicant is bonded by the State of Minnesota. This is a continuous bond 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	Date of Incorporation
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non Profit	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, (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.

SIGNATURE OF APPLICANT _____ **TITLE** _____ **DATE** _____

BILLBOARD ERECTOR’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 Billboard Erector’s work in the sum of Eight Thousand Dollars (\$8,000), 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 sign hanger 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 billboard erector 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 Presents 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 (CORPORATION)

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

SIGN HANGER'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 sign hanging work in the sum of Eight Thousand Dollars (\$8,000), 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 sign hanger 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 Sign Hanging 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 Presents 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 (CORPORATION)

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

City of Minneapolis Requirements for Insurance Certificates

#3

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. THE COVERAGE IS SUBJECT TO THE POLICIES WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS MAY APPLY. THIS CERTIFICATE IS NOT TO BE CONSIDERED AS A CONTRACT BY ITSELF.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	(A) (DD)	(Y)	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 \$ _____ 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	<p style="text-align: center; font-weight: bold; font-size: small;">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.