



12800 Ravine Parkway South · Cottage Grove, Minnesota 55016

BUILDING DIVISION 651·458-2804 FAX 651·458-2897

Contractors doing building construction/remodeling work in the City of Cottage Grove must be licensed. **Please complete and return the enclosed application with the \$50.00 license registration fee and current Certificate of Insurance listing City of Cottage Grove as certificate holder** to us for processing.*

THANKS FOR YOUR COOPERATION!

Bob LaBrosse
Building Official

****Irrigation contractors** please provide a copy of the Master Plumber's License, Technology Systems Contractor's License, along with the name and license number of the Qualified Power Limited Technician per State Statute Section 326.242.

***Mechanical/HVAC/gas piping installers** please include a copy of your Surety Bond on file with the Building Codes & Standards Division of the MN State Department of Administration.



12800 Ravine Parkway South
 Cottage Grove, MN 55016
 (651) 458-2804
 (651) 458-2897 FAX
 pdillon@cottage-grove.org

CONTRACTOR LICENSE APPLICATION

DATA PRIVACY NOTICE: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you have supplied will constitute a public record and copies may be issued to anyone requesting them. The required data allows us to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if any additional information is required; to determine whether you meet any minimum age requirements; and to determine if any conviction you may have on record might affect your suitability as a license holder. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. (See below.)

Please sign below to indicate that you have read this notice.

Signature: _____

To request that your residence address and telephone number be considered private data, you must list your alternative address and telephone number below.

Address: _____

Telephone Number: _____

Application documents will be reviewed for compliance with the requirements of City Code Title 3, Chapter 9 governing Building Contractors doing business in the City of Cottage Grove. **The non-refundable APPLICATION FEE of \$50.00 covers the combination of all licenses for the year.** Checks should be made payable to the City of Cottage Grove and presented/mailed with this application form to the above address.

LICENSE(S)* APPLIED FOR:

- | | | |
|---|--|---|
| <input type="checkbox"/> Blacktop | <input type="checkbox"/> Gas Piping* | <input type="checkbox"/> Siding* |
| <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> General – Commercial Only | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> General Residential | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> HVAC* | <input type="checkbox"/> Sewer & Water*** |
| <input type="checkbox"/> Excavating/Grading | <input type="checkbox"/> Landscaping/Lawn Irrigation** | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Fire Suppression Systems | <input type="checkbox"/> Mechanical* | |
| <input type="checkbox"/> Fireplace* | <input type="checkbox"/> Pools | |

***Must include copy of MN State Bond**

****Must include copy of Master Plumber License**

*****Must include copy of MN Pipe Layers Certificate**

Please Print

Business Name:			
Contact Person:		Email Address:	
Business Address:	Street, Post Office Box	City, State ,Zip	
Business Phone(s): ()	() FAX	() Cell/Pager	
Business Owner Name:			
Business Owner Address:	Street, Post Office Box	City, State ,Zip	
Business Owner Phone(s): ()	() FAX	() Cell/Pager	
Minnesota Tax ID #:		Federal Tax ID:	
<i>If a Minnesota tax identification number is not required, please explain:</i>			

FOR OFFICE USE ONLY

Building Official: _____

Date: _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155



CC0515

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)		BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)			
DBA NAME (Doing business as name / assumed name – if applicable)			
BUSINESS ADDRESS (must be physical street address, no PO boxes)		CITY	STATE ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING
INFORMATION. *You must complete number 1 or 2 below.***

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)		NAIC Number
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:

Other:

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.