



City of Champlin
11955 Champlin Drive
Champlin, MN 55316
763-421-2629
jkillian@ci.champlin.mn.us

Mechanical Contractor License Application for Heating, Air Conditioning and or Gas Piping

1. Application

Fee: \$40.00

Bond Filed _____

Insurance Filed _____

Workman's Comp Filed _____

New _____

Renew _____

Year _____

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

MN State Business Tax ID#: _____ Federal Business Tax ID #: _____

Mech Bond #: _____

Signature: _____

2. New Applicants

Years in Business: _____ Years Experience: _____

Licenses in other cities: _____

Office use only.

Approved: _____ Denied: _____ Date: _____

Signed: _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2000 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.

BUSINESS NAME (Individual name only if no company name used)

LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)

CITY

STATE

ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2, or 3 below.

1: COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (NOT THE INSURANCE AGENT)

WORKER' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

2: COMPLETE THIS PORTION IF SELF-INSURED:

_____ I have attached a copy of the permit to self-insure.

3: COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance because:

_____ I have no employees.

_____ I have employees but they are not covered by the workers' compensation law. (see MN statute 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE

TITLE

DATE

NOTE: If your workers' compensation policy is canceled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.