

**CITY OF RAMSEY
APPLICATION FOR CONTRACTOR'S LICENSE
2023**

1) FULL Name of Business: _____

2) List ALL types of Contracting: _____

3) Business Address: _____
(Street, Box, Route) (City) (State) (ZIP)

4) Business Phone Number(s): _____
(Office) (Fax) (Cell)

5) **Business Email Address:** _____

5) Applicant: _____
(Last Name) (First Name) (Middle Name)

6) Applicant's Position with Company: _____

7) Applicant's Address: _____
(Street, Box, Route) (City) (State) (ZIP)

8) Other communities where licenses are held or work has been performed:

9) Have you been licensed in the City of Ramsey before? Yes:____ No:____

10) Do you reside in Ramsey and have your home as a base for your business? Yes:____ No:____

If yes, what is the present zoning of the property? _____

If you reside within the city limits of Ramsey and your principal place of business is at your home, you may be subject to certain zoning regulations and you may have to apply for a conditional use permit.

11) Number of employees: _____.

12) In order to be approved for a contractor's license in the city of Ramsey, you must provide the following:

- Public liability insurance certificate of \$100,000 per person, \$300,000 per accident for bodily injury, and \$100,000 for property damage.
- Certificate of Workers' Compensation insurance, if applicable.
- A COPY of any State Issued Bond(s), if applicable.
- \$50 license fee.

This license will expire on December 31, 2023. No permits or inspections will be issued until your license is current.

Return this completed application along with \$50.00 License Fee to:

**City of Ramsey
7550 Sunwood Drive NW
Ramsey, MN 55303**

**Fax: 763-433-9848
Phone: 763-433-9850
Email: permits@cityoframsey.com**

Make check payable to the "City of Ramsey".

13) Please fill out **COMPLETELY** the attached forms that are required for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required by Minnesota Statute Sections 270.72 and 176.182. Applications will not be accepted until these forms are filled out completely.

14) The undersigned applicant makes this application pursuant to all the laws of the City of Ramsey, Anoka County, State of Minnesota and such rules and regulations as the City Council of the City of Ramsey may from time to time prescribe.

Applicant's Signature: _____

Date: _____

This license will take effect as early as January 1, 2023 and will expire on December 31, 2023. The license fee of \$50.00 must be paid at the time of application.

DO NOT WRITE BELOW THIS LINE - FOR CITY USE ONLY

Received on _____

Receipt # _____

Approved on _____

Zoning Approval _____

Comments:

Form SP:CI
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270C.72 Subd. 4. **Licensing authority; duties.** All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number, or individual taxpayer identification number and business identification number, as applicable, of each applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: Contractor

Licensing Authority: City of Ramsey
(Name of City, County, or State Agency issuing License)

License Renewal Date: January 1, 2023

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

City State ZIP

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: _____

Business Address: _____

City State ZIP
Minnesota Tax Identification No.: _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position (Officer, Partner, etc.) Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses, and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: (_____)

(Signature) Date: _____