

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional	<b>Application Number: LCCL</b> _____
<b>Do you have a permit pending with B&amp;I?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>APPLICANT</b>	Business Name _____ Phone (____) ____ - _____
	DBA Name _____
	Address _____ City _____ State ____ Zip _____
	Applicant's Name _____ Title _____
	<b>Applicant Signature</b> _____ Applicant's Phone (____) ____ - _____
	E-mail Address _____
<b>Identification</b>	Minnesota Business Tax ID Number _____
	<p>The State of Minnesota requires that your MN Tax ID(not federal tax ID) be kept on file at the City of Bloomington. The MN Tax ID must be provided on your Contractor License Application prior to issuance of your contractor license. You may register to obtain your free MN Tax ID in less an 10 minutes through the following link <a href="https://www.mndor.state.mn.us/tp/webreg">https://www.mndor.state.mn.us/tp/webreg</a> from the MN Department of Revenue.</p>

Description	Fee	Your Fee
Mechanical (HVAC and Gas)	\$75.00	<input style="width:100%; height:20px;" type="text"/>
Gas (From meter to house or new build)	\$75.00	<input style="width:100%; height:20px;" type="text"/>
Refrigeration (commercial)	\$75.00	<input style="width:100%; height:20px;" type="text"/>
Flammable tank	\$75.00	<input style="width:100%; height:20px;" type="text"/>
Oil Burner	0.00	
Hot Water/Steam	0.00	
Plumbing and Gas (Water Heaters)	0.00	
<b>TOTAL AMOUNT DUE Now:</b>		<input style="width:100%; height:20px;" type="text"/>

(Office Use Only)	
Date Application received _____	Payment entered _____
Activities to B&I _____	Date Mailed _____

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**Proof of Workers' Compensation Insurance Coverage:**

Insurance company name \_\_\_\_\_ Dates of coverage \_\_\_\_\_

Policy number/Self-insurance permit number (Per *Minnesota Statute Section 176.182*) \_\_\_\_\_

Or,

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

- 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: \_\_\_\_\_

**Please complete this two page form and return to the City of Bloomington Licensing via email, mail or in person.**

Required documents to include with Contractor License Application:

- 1. *Mechanical Contractor Bond*** on file at the Minnesota Department of Labor and Industry (DOLI).
- 2. *Valid Minneapolis or St. Paul Certificate of Competency or proof of passing the City of Bloomington's Mechanical Test.***
- 3. *Certificate of Liability Insurance with the City of Bloomington, listed as Certificate Holder.***
4. Payment by cash, credit/debit card or check.

City of Bloomington  
Business Licensing  
1800 West Old Shakopee Road  
Bloomington, MN 55431  
952-563-8728  
BusinessLicensing@BloomingtonMN.gov