



License Application

Control No. _____

New License
 Supplement

Renewal

Date: _____
 Expiration: _____

FOR OFFICE USE ONLY
 Checks/Approvals:

Police _____ Health _____
 Fire _____ Inspection _____

LICENSED ESTABLISHMENT OR INDIVIDUAL/ADDRESS

APPLICANT/MAILING ADDRESS

Full Business Name: _____

Business Address: _____

City, State, ZIP: _____

LICENSE FEES

Description	License Number (FOR OFFICE USE ONLY)	Fee
<input type="checkbox"/> HVAC (warm air, ventilation, air conditioning)		<input type="text"/>
<input type="checkbox"/> Hot water/steam		<input type="text"/>
<input type="checkbox"/> Oil burner		<input type="text"/>
<input type="checkbox"/> Refrigeration (commercial)		<input type="text"/>
<input type="checkbox"/> Gas installer A or B		<input type="text"/>

Note: All license fees are \$75 per trade. Call Building & Inspection to license in trades not listed.

TOTAL AMOUNT DUE Now:

X

Applicant Signature

Title: _____

Phone: Applicant _____

FAX _____

Under *Minnesota State Statute 270C.72*, the City of Bloomington is required to collect the Minnesota business tax identification number and social security number for each business license applicant. When requested, the City must supply this information to the Minnesota Department of Revenue. This information may be used to revoke a license or deny the issuance, renewal or transfer of a license if delinquent taxes, penalties or interest are due. Failure to provide this information may jeopardize or delay the issuance of the license.

Applicant's name _____

E-mail address _____

Social Security no. _____

Minnesota Tax Identification no. _____

City of Bloomington tested _____

Building and Inspection

1800 West Old Shakopee Road, Bloomington MN 55431-3027
 952-563-8930 • FAX: 952-563-8949 • TTY: 952-563-8740