

License Application

Control No. _____

New License
Supplement

Renewal

Date: _____

Expiration: _____

FOR OFFICE USE ONLY

Checks/Approvals: _____

Inspector _____

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		<input type="text"/>
<input type="checkbox"/> Gas Installer B		<input type="text"/>
<p>Note: All license fees are \$75 per trade. Call Building & Inspection to license in trades not listed.</p>		<input type="text"/> *

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. _____ *

*Fields required. Applications missing information may not be processed.

Building and Inspection

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