

**CITY OF MAHTOMEDI
CONTRACTOR'S LICENSE**

(Year)

\$ 45.00

(CONTRACTOR)

(ADDRESS)

(PHONE)

(EXPIRATION DATE OF CERT. OF INS.)

(EXPIRATION DATE OF BOND)

(TYPE OF CONTRACTOR)

The above contractor is hereby licensed to operate in Mahtomedi for the period of one year from the date of this license in accordance with Mahtomedi's ordinances and has complied with all the requirements of said ordinances necessary for obtaining this license.

Dated this _____ day of _____, 20 _____.

CITY OF MAHTOMEDI

CONTRACTOR

By _____

By _____



CITY OF MAHTOMEDI

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business tax identification number and the Social Security number of each license 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 or renewal of your license in the event you owe the state delinquent taxes payable to the commissioner, 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 license issuance or renewal application.

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Initial
Applicant's Address	City, State, Zip Code	
Applicant's Social Security Number	Position (Officer, Partner, etc.)	
Business Name	Phone #	
Business Address	City, State, Zip Code	
Minnesota Tax Identification Number		
Federal Identification Number		
Type of License	License Number	

For Office Use Only
 State Code: _____

City of Mahtomedi Contractor's Insurance Requirements

The municipal Code of the City of Mahtomedi provides that no person shall engage in the business of doing or performing specified construction or building trades work in the City of Mahtomedi without first obtaining a contractor's license.

A requirement in obtaining a license is to provide the City of Mahtomedi with an INSURANCE CERTIFICATE that meets the following requirements:

1. The name of the insured on the Certificate of Insurance must correspond exactly with the name of firm on the license application. Example: Designation indicating "Inc. or DBA must be reflected in the same manner on the Certificate of Insurance as the license application.
2. Coverage limits for public liability insurance are as follows:
Bodily Injury: \$100,000 per Person / \$300,000 Aggregate
Property Damage: \$100,000 per Person / \$300,000 Aggregate
3. Coverage must include Completed Operations. The appropriate column or box must be checked, indicating the Products/Completed Operations Hazard is carried the insured.
4. The Certificate must clearly state that a thirty day written notice prior to cancellation or change in coverage will be mailed to the City of Mahtomedi.

5. Certificate Holder must be listed as follows:

**City of Mahtomedi
600 Stillwater Rd
Mahtomedi, MN 55115**

Certificate of Insurance can be faxed or emailed:

FAX: 651-429-8503

EMAIL: jsilverberg@whitebearlake.org

Anyone requiring further information regarding the insurance requirements should contact the Building Inspection Department at 651-429-8518