



CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394
Building Inspections Division
(952) 826-0372 FAX (952) 826-0389 www.EdinaMN.gov

I.D. NUMBER
for office use only

MECHANICAL CONTRACTOR LICENSE APPLICATION

January 1, 20__ through December 31, 20__

Application is hereby submitted for license to do mechanical work within the City of Edina, Minnesota, in accordance with the ordinances of the City regarding the same.

Firm Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Email: _____

Name of Owner or Representative: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Email: _____

Initial: ____ Renewal: ____ Class A: ____

Provide Certificate of Insurance (\$100,000/300,000/50,000)
Statewide Surety Bond required

- _____ HVAC Installers License (\$63.00)
- _____ Steam and Hot Water Installers License (\$63.00)
- _____ Refrigeration Installers License (\$63.00)
- _____ Oil Burner Installers License (\$63.00)
- _____ Gas Fitter License (\$63.00)
- _____ Gas Fireplace/Wood Burning/Free Standing Stoves (\$63.00)
- _____ Stoker License (\$63.00)

Applicants Signature (Please print)

LICENSE APPLICANT:

Pursuant to Minnesota Statute 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 1874, 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 Authority: City of Edina, Hennepin County

Type of License being applied for or renewed: _____ Renewal Date: _____

PROOF OF WORKER’S COMPENSATION INSURANCE COVERAGE

The 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 in Minnesota until the applicant presents acceptable evidence of compliance with the Worker’s Compensation Insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 the information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry, payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement of worker’s compensation.

Insurance Company name: _____ (not the insurance agent)

Policy number or self-insurance permit number: _____ Coverage Dates: _____ to _____

OR

I am not required to have Worker’s Compensation liability coverage because:

() I have no employees covered by the Law

() Other (specify) _____

I have read and understand my rights and obligations with regards to business licenses, permits and worker’s compensation coverage, and I certify that the information provided is true and correct.

Business Name: _____

Signature of Applicant: _____ Date: _____

