



### Contractor Setup Form

**Company Name (Contractor):**

**Federal Tax ID Number:**

**Contractor License No.**

**Union Status:**

*(non-union, union, or mixed)*

**Contact Name:**

**Phone Number:**

**Contact E-mail:**

*(login info will be sent to this e-mail)*

**Address:**

**City, State:**

**Zip:**

Please return completed form to [contractcompliance@minneapolismn.gov](mailto:contractcompliance@minneapolismn.gov).  
Questions? Contact 612-673-2722.