

License Application: Billposting / Billboard Erector

Definitions:

- Billboard Erector:** Contractors who construct, reconstruct, alter, repair, install or remove any billboard.
- Billposting:** Contractors who post notices, posters, or advertisements on walls, billboards or digital displays in public places.

A complete set of requirements can be found in the Minneapolis Code of Ordinances, [Chapter 277](#).

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Drop off your application at our office.
 - Check:** Mail or drop off your application at our office.
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. Attach a copy of your [Certificate of Liability Insurance](#) (Sample Form #1)
 - a. This must be furnished by your Insurance Agent.
 - b. You are required to have general liability which includes premises, operations, and products insurance with the following coverages:
 - \$25,000 per occurrence and \$50,000 aggregate for bodily injury
 - \$10,000 for property damage
4. Bond
 - Billboard Erector:** Attach a copy of your [City of Minneapolis \\$8,000 bond](#) (Form #2) or a [State of Minnesota \\$8,000 bond](#) is required.
 - Billposting:** Attach a copy of your [City of Minneapolis \\$10,000 bond](#) (Form #3)

2. Additional Licenses

Would you like to apply for another trade license?

1. Check all that apply and attach the documents listed. You do not need to complete any more applications.
2. You will be charged a [fee](#) for each additional license. You do not need to pay another new license processing charge.
3. Insurance: Only one [Certificate of Liability Insurance](#) is required.
4. Information about State of Minnesota bonds is available at the [Department of Labor and Industry](#) website.
5. Competency Card information is available from the [Construction Code Services website/Competency Cards](#).
6. If you have any questions, please, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

- Building Wrecker, A**
- Attach a copy of your Insurance Certificate: \$1,500,000 per occurrence for bodily injury and \$150,000 per occurrence for property damage; No explosion collapse exceptions; Minneapolis must be named on the certificate.
 - Attach your [City Minneapolis \\$50,000 bond](#).
- Building Wrecker B**
- Attach a copy of your Insurance Certificate: \$300,000 per occurrence for bodily injury and \$50,000 per occurrence for property damage; No explosion collapse exceptions; Minneapolis must be named on the certificate.
 - Attach your [City Minneapolis \\$10,000 bond](#).

<input type="checkbox"/> Duct Cleaner (HVAC B) <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond is required or <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond .
<input type="checkbox"/> Gas Fitter <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond and a City of Minneapolis Competency Card are required.
<input type="checkbox"/> Heating, Ventilation, Air Conditioning (HVAC A) <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond and a City of Minneapolis Competency Card are required.
<input type="checkbox"/> Oil Burner <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond and a City of Minneapolis Competency Card are required.
<input type="checkbox"/> Plumber <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond and a City of Minneapolis Competency Card are required.
<input type="checkbox"/> Refrigeration Systems Installer <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond and a City of Minneapolis Competency Card are required.
<input type="checkbox"/> Residential Specialty Contractor <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$10,000 for property damage. <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond . Category of skills: _____
<input type="checkbox"/> Sign Hanger <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage. A State of Minnesota \$8,000 bond is required or <input type="checkbox"/> Attach your City Minneapolis \$8,000 bond .
<input type="checkbox"/> Sign Painting <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$25,000/\$50,000 for bodily injury and \$10,000 for property damage. <input type="checkbox"/> Attach your City Minneapolis \$10,000 bond .
<input type="checkbox"/> Steam and Hot Water <input type="checkbox"/> Attach a copy of your Insurance Certificate: \$100,000/\$300,000 for bodily injury and \$300,000 for property damage. A State of Minnesota \$25,000 bond and a City of Minneapolis Competency Card are required.

3. Background Information

Minnesota Sales Tax ID Number	Social Security Number or ITIN (Required)		
Legal/Corporate Name of Business	Trade Name (DBA)	Business Telephone Number	
Business Address/Location	City	State	Zip Code
Mailing Address (if Different than Business Address)	City	State	Zip Code
Name of Person Filling out this Application	Title	Telephone Number	
E-Mail Address	Cell Phone Number		
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4. Qualified Master(s), IF Applicable. Attach additional sheets if necessary.

Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade
Name of Master	Comp Card Number	Trade

List all types of work to be conducted in Minneapolis.

5. Workers Compensation

Workers' Compensation Company	Policy Number	Coverage Dates
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-----Or-----

I certify that I am not required to carry workers' compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

6. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

7. Additional Information

1. License Application

- a. No license will be issued for a period longer than one year.
- b. You cannot transfer this license to any other person or location.
- c. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
- d. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadio aad Caawimaad u baahantahay 612-673-3500.

2. Bond

- a. This is a continuous bond and valid until cancelled.
- b. The amount of the bond must be the same as the amount required above.
- c. The name of the licensee and the principal on the bond must be the same.
- d. If you do not have a Minnesota Bond, contact your [License Inspector](#) for a City of Minneapolis bond.