Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
Expiration: December 1
License Code: 96
Rev Code: 311011
MCO: 278
Adm Issuance: Yes

License Application
Guidelines and Checklist

License Type: Gas Fitter

Definition: A person holding a valid certificate of competency issued by the City of Minneapolis who has the necessary qualifications, training, experience, and technical knowledge to install, alter, repair and service fuel gas burning equipment and systems.

Staff Initials	Application Checklist
	☐ **1. License Application** (Form #1)
	☐ **2. Certificate of Liability Insurance** (Sample Form #2) a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages: ☐ $100,000 per occurrence and $300,000 aggregate for bodily injury ☐ $100,000 per occurrence and $300,000 aggregate for property damage
	☐ **3. A copy of the $25,000 bond filed with the State of Minnesota.** www.doli.state.mn.us
	☐ **4. A copy of a current City of Minneapolis Master Competency Card for employee or owner.**
	☐ **5.** Fee: _____ plus New License Surcharge:_____

Additional Information

Your License Application

a. Incomplete applications will be returned.
b. All applications must be signed by an owner, partner or principal.
c. No license will be issued for a period longer than one year.
d. Licenses are not transferable.
e. Make a duplicate copy of this packet for your personal records before submitting.
f. Minnesota Sales Tax ID Number or 651-296-6181.

Bond

a. Information must be on the attached a State of Minnesota Bond Form. This is a continuous bond and valid until cancelled.
b. The amount of the bond must be the same as the amount listed above.
c. The name of the licensee and the principal on the bond must be the same.
d. Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
e. Bond must include an acknowledgment of surety and the agent's power of attorney.

Information in Other Languages

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

#1

FOR OFFICE USE ONLY:
LICENSE ID #:
CSR:
FEE: $
DATE:

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Trades License Application

1. TYPE OF LICENSE

☐ Building Wrecker, Class A	☐ Heating, Air Conditioning & Ventilation	☐ Residential Specialty Contractor
☐ Building Wrecker, Class B	☐ Oil Burner Installer	☐ Sign Hanger
☐ Duct Cleaner (HVAC Class B)	☐ Plumber	☐ Steam and Hot Water Installer
☐ Gas Fitter	☐ Refrigeration Installer	

2. BACKGROUND INFORMATION

Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number

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	Fax Number	Cell Phone Number	
Name of Manager and Home Address		Date of Birth	
Type of Ownership ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Nonprofit	Date of Incorporation	State of Incorporation	

Is this business publicly traded? ☐ Yes ☐ No

3. QUALIFIED MASTER(S) Attach additional sheets if necessary.

Name of Master	Trade
Comp Card Number	Date of Birth
Name of Master	Trade
Comp Card Number	Date of Birth
Name of Master	Trade
Comp Card Number	Date of Birth

Have you ever had a business license denied or revoked by Minneapolis or another government entity? ☐ Yes ☐ No
If Yes, indicate the date of denial/revocation, government agency, and reason for denial or revocation.

List all types of work to be conducted in Minneapolis.

4. LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code

Have any of the individuals above been convicted of a crime? ☐ Yes ☐ No
If Yes, please provide (or attach) dates and conviction specifics.

5. WORKERS' COMPENSATION		
Workers' Compensation Company	Policy Number	Coverage Dates

-------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. VEHICLES

Will there be vehicles used in the business? ☐ Yes ☐ No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

7. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submission of this application all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given 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.

SIGNATURE OF APPLICANT_____TITLE _____DATE_____

City of Minneapolis
Requirements for Insurance Certificates

#2

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY † COMMERCIAL GENERAL LIABILITY † CLAIMS MADE † OCCUR †_____ †_____ GEN'L AGGREGATE LIMIT APPLIES PER: † POLICY † PROJECT † LOC				**EACH OCCURRENCE**	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
					PRODUCTS – COMP/OP AGG	$
	~~AUTOMOBILE LIABILITY~~ † ANY AUTO † ALL OWNED AUTOS † SCHEDULED AUTOS † HIRED AUTOS † NON – OWNED AUTOS †_____ †_____				**COMBINED SINGLE LIMIT (Ea accident)**	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY † ANY AUTO †_____				**AUTO ONLY – (Ea Accident)**	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY † OCCUR † CLAIMS MADE † DEDUCTIBLE † RETENTION				**EACH OCCURRENCE**	$
					AGGREGATE	$
						$
						$
						$
A	**WORKER'S COMPENSATION AND EM PLOYER'S LIABILITY**				**X**/WC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	
					E.L. DISEASE – EA EMPLOYEE	
					E.L. DISEASE – POLICY LIMIT	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE

Original signature or stamp of Agent.

Sample

Applications will be returned if requirements are not complete.