



12800 Ravine Parkway South  
 Cottage Grove, MN 55016  
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 (651) 458-2897 FAX  
 pdillon@cottagegovemn.gov  
 www.cottagegovemn.gov

**DATA PRIVACY NOTICE:** The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you have supplied will constitute a public record and copies may be issued to anyone requesting them. The required data allows us to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if any additional information is required; to determine whether you meet any minimum age requirements; and to determine if any conviction you may have on record might affect your suitability as a license holder. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. (See below.)

Please sign below to indicate that you have read this notice.

Signature: \_\_\_\_\_

To request that your residence address and telephone number be considered private data, you must list your alternative address and telephone number below.

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

# CONTRACTOR LICENSE APPLICATION

Application documents will be reviewed for compliance with the requirements of City Code Title 3, Chapter 9 governing Building Contractors doing business in the City of Cottage Grove. **The non-refundable APPLICATION FEE of \$50.00 covers the combination of all licenses for the year.** Checks should be made payable to the "City of Cottage Grove" and presented/mailed with this application form to the above address.

## LICENSE(S)\* APPLIED FOR:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blacktop                 | <input type="checkbox"/> Gas Piping*                   | <input type="checkbox"/> Siding*                       |
| <input type="checkbox"/> Concrete/Masonry         | <input type="checkbox"/> General – Commercial Only     | <input type="checkbox"/> Windows                       |
| <input type="checkbox"/> Demolition               | <input type="checkbox"/> General Residential           | <input type="checkbox"/> Signage*                      |
| <input type="checkbox"/> Driveway                 | <input type="checkbox"/> HVAC*                         | <input type="checkbox"/> Sewer & Water***              |
| <input type="checkbox"/> Excavating/Grading       | <input type="checkbox"/> Landscaping/Lawn Irrigation** | <input type="checkbox"/> Other (Please Specify): _____ |
| <input type="checkbox"/> Fire Suppression Systems | <input type="checkbox"/> Mechanical*                   |  |
| <input type="checkbox"/> Fireplace*               | <input type="checkbox"/> Pools                         |  |

\*Must include copy of MN State Bond

\*\*Must include copy of Master Plumber License

\*\*\*Must include copy of MN Pipe Layers Certificate

Please Print

<b>Business Name:</b>			
<b>Contact Person:</b>		<b>Email Address:</b>	
<b>Business Address:</b>	Street, Post Office Box	City, State ,Zip	
<b>Business Phone(s):</b>	FAX	Cell/ Pager	
<b>Business Owner Name:</b>			
<b>Business Owner Address:</b>	Street, Post Office Box	City, State ,Zip	
<b>Business Owner Phone(s):</b>	FAX	Cell/ Pager	
<b>Minnesota Tax ID #:</b>		<b>Federal Tax ID:</b>	
<i>If a Minnesota tax identification number is not required, please explain:</i>			

### FOR OFFICE USE ONLY

Building Official: \_\_\_\_\_

Date: \_\_\_\_\_



Mailing Address:  
PO Box 64217  
St. Paul, MN 55164-0217

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/cclcd.asp](http://www.dli.mn.gov/cclcd.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

**Print in ink or type**

Minnesota Statutes § 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 workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
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County	Email address
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**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.