



2024 LICENSE APPLICATION

Company: _____ MN Tax ID # _____
REQUIRED

Company Address _____ City _____ State _____ Zip _____

Contact Number/s _____ Fax Number _____ Email Address (for renewal information) _____

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the Council of the City of North Oaks may from time to time prescribe and understands that this **license will expire on December 31, 2024.**

Date Signature (Print Name)

Applicant must provide a "CERTIFICATE OF INSURANCE" listing the City of North Oaks as the Certificate Holder, showing a policy of Public Liability Insurance & proof of Worker's Compensation Insurance.

MN Business Tax ID number is also required before License Application can be processed.

EXCAVATORS AND SEWER AND WATER CONTRACTORS must list White Bear Township as an additional insured.

LICENSES

- GENERAL CONTRACTOR - COMMERCIAL \$ 40.00
- MECHANICAL CONTRACTOR \$ 40.00
(Also requires a \$25,000 State Surety Bond) Bond # _____
- OUTSIDE SEWER & WATER INSTALLATION \$ 100.00
(Must provide Certificate of Insurance naming the City of North Oaks as the Certificate Holder and White Bear Township as Additional Insured, and provide evidence of a \$25,000 State Plumbing Code Compliance Bond and a Master Plumbing License or Pipe Layers Card.)

For City Use Only

This application must be completed in full, returned with fee and an insurance certificate showing general and automobile liability and Workmen's Compensation coverage.

(Bond Expires _____)

Certificate of Insurance on file at City Office valid through _____

Date Paid _____ Check # _____

Approved by:	
Inspector/City	_____
Date	_____
Council Action	_____
Date	_____

City of North Oaks

100 Village Center Drive, Suite 230
 North Oaks, MN 55127
 Phone: 651-792-7750 Fax: 651-792-7751
northoaks@northoaksmn.gov

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY
 ALL BUSINESS TYPES**

PRINT IN INK OR TYPE

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO. (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

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

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651-284-5032.

- I have no employees. (See Minn. Stat §176.011, subd. 0 for the definition of an employee).
 - I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
 - I have employees but they are not covered by the workers' compensation law. (See Minn. State. §176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee status Change by resubmitting this form.

CITY OF NORTH OAKS

CONTRACTOR'S INSURANCE REQUIREMENTS

The City of North Oaks (Code Chapter 112) requires that before any person, firm or corporation shall engage in the business of doing or performing specified construction or building trades in the City of North Oaks, they must first obtain a City license.

NO LICENSE SHALL BE GRANTED, OR BECOME EFFECTIVE, UNTIL THE APPLICANT PROVIDES THE CITY WITH A CERTIFICATE OF PUBLIC LIABILITY INSURANCE THAT MEETS THE FOLLOWING REQUIREMENTS:

(*See additional requirements for Excavators and Sewer/Water Contractors.)

1. Certificate Holder must be listed as: City of North Oaks
100 Village Center Drive, Suite 230
North Oaks, MN 55127

2. Certificate must clearly state that said insurance shall not be cancelled without ten (10) days prior written notice to the City of North Oaks.

3. Coverage Limits for Public Liability Insurance are as follows:

\$ 300,000	per Person – Bodily Injury
\$ 1,000,000	per Occurrence
\$ 100,000	Property Damage Per Occurrence
OR	
\$ 300,000	Single Limit Liability for Bodily Injury and Property Damage

4. **State Law requires that all applicants present acceptable evidence of Worker's Compensation Insurance Coverage.**

All **General Contractors** for Commercial Construction

All **Heating, Air Conditioning, and/or Gas Installers** must provide documentation that they have obtained a \$25,000 State Mechanical Surety Bond.

All **Arborists** must provide an ISA License Number **OR** evidence of completion at a City Forester Workshop.

All **Sewer and Water Contractors** must also provide evidence of a \$25,000 State Plumbing Code Compliance Bond, and copy of Master Plumbers License or Pipe Layers Card.

***A Certificate of Insurance Naming White Bear Township as an Additional Insured is Required for Excavators and Sewer/Water Contractors.**

The Certificate of Insurance must state the following under special provisions:

"White Bear Township, its Officers and Employees are Additional Insured as respects to work done by Named Insured in the City of North Oaks."