



CITY OF LITTLE CANADA

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# APPLICATION FOR CONTRACTOR'S LICENSE

## REQUIREMENTS

**License expires one year from date of issue.** Renewal notices are not sent, so check to see if you are licensed before starting a job. All requirements must be submitted in order for license to be approved.

- **\$50 fee**
- **Certificate of Insurance** evidencing liability imposed by law, \$100,000 per person bodily injury, \$300,000 for each accident, \$50,000 for property damage.
- **Proof of Workmen's Compensation.** Contractors without workmen's compensation coverage must fill out the *Certification of Compliance* form.
- **\$5000 surety bond** (for excavation only)

## BUSINESS INFORMATION

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Federal Tax Id Number:** \_\_\_\_\_ (Required by MN state statute 270C.72.Subd.4)

Licenses held in (list up to three municipalities) \_\_\_\_\_

## TYPE OF LICENSE APPLIED FOR (please check one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Sign Installation           | <input type="checkbox"/> Moving & Demo of Bldg |
| <input type="checkbox"/> Heating/Mechanical   | <input type="checkbox"/> Tree Removal & Trimming     | <input type="checkbox"/> Roofing               |
| <input type="checkbox"/> Excavating           | <input type="checkbox"/> Driveway Installation       | <input type="checkbox"/> Well Drilling         |
| <input type="checkbox"/> Cement/Masonry       | <input type="checkbox"/> Plastering, Drywall, Stucco | <input type="checkbox"/> Other: _____          |

The undersigned hereby makes this application pursuant to all the laws of the State of Minnesota and in accordance with the ordinances that the City of Little Canada has in place. Falsification of information of information requested on this form may be cause for revocation of suspension of this license.

Applicant's Printed Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address/City/State/Zip (if different from above) \_\_\_\_\_

**MN Business Tax Id Number:** \_\_\_\_\_ **OR Social Security Number:** \_\_\_\_\_

(ONE of these is required by MN state statute 270C.72 Subd.4)

## FOR OFFICE USE ONLY

Approved By: _____
Cert Ins. _____ Bond _____
Fee Paid: \$50
Cash _____ Check _____ Credit Card _____

Expiration Date: _____
License # _____