



**City of White Bear Lake**  
**Building Department**  
**4701 Highway 61 N.**  
**White Bear Lake, Minnesota 55110**  
**651-429-8518 | www.whitebearlake.org**  
**Buildingdepartment@whitebearlake.org**

License #:

Expires:

**WHITE BEAR LAKE CONTRACTOR LICENSE APPLICATION**

**Class I Commercial General Contractor License**

A Commercial General Contractor is a contractor performing two or more trades on a commercial property to complete the construction activities. A Commercial General Contractor is required to have a valid Class I License. The Class I License is \$120.00 per year – valid from January 1<sup>st</sup> to December 31<sup>st</sup>. (Effective July 1<sup>st</sup>, the fee will be prorated to \$75.00).

**Class II Mechanical / Gas Piping Contractor**

**Class II Tree Trimmer License**

The Class II License is \$45.00 per year – valid from January 1<sup>st</sup> to December 31<sup>st</sup>. (Effective July 1<sup>st</sup>, the fee will be prorated to \$35.00).

**Required Forms / Information:**

1. Certificate of Insurance with the City of White Bear Lake listed as certificate holder (see page 3).
2. Workman’s Compensation information completed (see page 2).
3. Tax ID, MN State ID or SS Number **required per MN State Law (MS §270C.72 s) (enter below)**.
4. Applicant Signature & Date on page 2.
5. Mechanical Contractors only – copy of State of Minnesota Mechanical Bond.

Business Name:

DBA Name (if applicable):

Applicant Name:

Address:

City/State/Zip:

Email Address:

Phone Number:

**One of the following is required per Minnesota State Law (MS §270C.72 s Licensing Authority; duties)**

Federal Tax ID:

MN State ID:

SS Number:

**Approved White Bear Lake License Information:**

**White Bear Lake License Number:**

**License Expiration Date:**

### **Certificate of Compliance – Minnesota Workers Compensation Law**

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers compensation insurance coverage requirements of Chapter 176. The information required is the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their file. Law requires this information, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

#### **I am not required to have workers compensation liability coverage because:**

- I have no employees.
- I am self-insurer (include permit to self-insure).
- I have no employees covered by the workers compensation law.
  
- I have workers compensation liability coverage & have provided a certificate of insurance.

#### **Notice**

Under Minnesota law (MS §270C.72 s 4 Licensing Authority; duties) which states “All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.”

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing authority (City of White Bear Lake) will supply this information only to the Minnesota Department of Revenue (Commissioner). However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

I hereby apply for a contractor's license with the City of White Bear Lake. I understand and agree to comply with the applicable codes and standards of the City of White Bear Lake and the State of Minnesota.

**Applicant Signature:**

**Date:**

**See Page 3 for Contractor Insurance Requirements**

## **White Bear Lake Contractor Insurance Requirements**

The municipal Code of the City of White Bear Lake provides that no person shall engage in the business of doing or performing specified construction or building trades work in the City of White Bear Lake without first obtaining a contractor's license.

1. A requirement in obtaining a license is to provide the City of White Bear Lake with an INSURANCE CERTIFICATE that meets the following requirements:
2. The name of the insured on the Certificate of Insurance must correspond exactly with the name of firm on the license application. Example: Designation indicating, Inc. or DBA must be reflected in the same manner on the Certificate of Insurance as the license application.
3. Coverage limits for public liability insurance are as follows: Bodily Injury: \$100,000 per Person / \$300,000 Aggregate Property Damage: \$100,000 per Person / \$300,000 Aggregate
4. Coverage must include Completed Operations. The appropriate column or box must be checked, indicating the Products/Completed Operations Hazard is carried the insured.
5. The Certificate must clearly state that a thirty day written notice prior to cancellation or change in coverage will be emailed to the City of White Bear Lake.
6. **Certificate Holder must be listed as follows:**

**City of White Bear Lake  
4701 Highway 61  
White Bear Lake, MN 55110**

**Email Certificate of Insurance to: [buildingdepartment@whitebearlake.org](mailto:buildingdepartment@whitebearlake.org)**