



3301 Silver Lake Road  
 St. Anthony Village, Minnesota 55418  
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-For Office Use Only-	
Application Submittal Date	_____
Certificate of Insurance	_____
Proof of Workers' Compensation	_____
Bond Posted with State of MN	_____
Application Completed Date	_____
Fee Paid	<b>\$35.00</b>
Permit Number:	_____

**MECHANICAL LICENSE APPLICATION**

**Applicant Information**

Company or Firm Name: \_\_\_\_\_

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

Company Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Tax Identification #: \_\_\_\_\_ MN Tax Identification #: \_\_\_\_\_

*If a Minnesota Tax Identification number is not given, please explain on the reverse side.*

*I understand that I this license is valid for the period of July to July and I attest that I have Workers' Compensation insurance, and have posted a \$25,000 Bond at the State of Minnesota.*

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

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**PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE**

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Minnesota §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 Section 176.181, Subd. 2. 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 compliance with Minnesota § Sec. 176.181, Subd. 2.

This information is required by law, 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 and/or is falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund. Provide the information specified above in the following spaces, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation:

Insurance Company Name (not the name of the agent): \_\_\_\_\_

Policy Number of Self-Insurance Permit Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(OR)**

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

- I have no employees covered by law.
- Other (specify) \_\_\_\_\_  
\_\_\_\_\_

I have read and understand my rights and obligations with regards to business license, permits and workers' compensation coverage and I certify that the information provided is true and correct.

\_\_\_\_\_  
*Signature of Owner, Partner or Officer*

\_\_\_\_\_  
*Date*