



**CITY OF GEM LAKE**  
**Contractor License Application**  
 4200 Otter Lake Road, Gem Lake, MN 55110  
 651-747-2790/2792



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

Phone (office) \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

We request that the below indicated license(s) be granted pursuant to the Ordinances of the City of Gem Lake and the State of Minnesota.

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

Applicant required to provide a "CERTIFICATE OF INSURANCE" listing City of Gem Lake as the certificate holder, showing a policy of Public Liability Insurance & proof of Worker's Compensation Insurance. EXCAVATORS AND SEWER AND WATER CONTRACTORS must list City of Gem Lake as an additional insured.

**LICENSES**

- |                          |  |        |
|--------------------------|--|--------|
| <input type="checkbox"/> | <b>Automatic Underground Sprinkler System Installer</b>  | 100.00 |
| <input type="checkbox"/> | <b>Blacktopping (City Roads)</b>   | 100.00 |
| <input type="checkbox"/> | <b>Excavating</b> (Must provide Certificate of Insurance naming City of Gem Lake as Additional Insured)  | 100.00 |
| <input type="checkbox"/> | <b>Gas Installation</b> (Must provide Gas Competency Card <u>and</u> Mechanical Bond Certificate)  | 100.00 |
| <input type="checkbox"/> | <b>General Construction - Commercial</b><br>(Residential contractors must be State licensed unless exemption provided)   | 100.00 |
| <input type="checkbox"/> | <b>Heating &amp; Air Conditioning &amp; Gas Installation</b><br>(Must provide Gas Competency Card and Mechanical Bond Certificate)   | 100.00 |
| <input type="checkbox"/> | <b>General Construction</b> – (if not Licensed by the State of Minnesota)<br>(Residential contractors must be State Licensed unless exemption provided).   | 100.00 |
| <input type="checkbox"/> | <b>Outside Sewer &amp; Water Installation</b> (Must provide Certificate of Insurance naming City of Gem Lake as Additional Insured, and provide evidence of a \$25,000 State Plumbing Code Compliance Bond and a Master Plumbing License or Pipe Layers Card.)           | 300.00 |
| <input type="checkbox"/> | <b>Outside Sewer &amp; Water Installation – Renewal</b> (Must provide Certificate of Insurance naming City of Gem Lake as Additional Insured, and provide evidence of a \$25,000 State Plumbing Code Compliance Bond and a Master Plumbing License or Pipe Layers Card.) | 150.00 |

City of Gem Lake  
Contractor's Insurance Requirements

City Ordinance requires that any person, firm or corporation shall engage in the business of doing or performing specified construction or building trades in the City of Gem Lake, they must first obtain a contractor's 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 Sewer and Water Contractors).

1. Certificate Holder must be listed as:  
City of Gem Lake, 4200 Otter Lake Road, Gem Lake, MN 55110
2. Certificate must clearly state that said insurance shall not be cancelled without ten (10) days prior written notice to the City of Gem Lake
3. Coverage limits for Public Liability Insurance are as follows:

\$500,000      Per Person – Bodily Injury  
\$1,000,000    Per Occurrence

\$500,000      Property Damage Per Occurrence  
OR  
\$500,000      Single Limit Liability for Bodily Injury and Property Damage

\*A certificate of insurance naming the City of Gem Lake as an Additional Insured is required for the following contractors: Outside sewer and water installer, excavator (for basement, grading of lots, foundations, swimming pool installer, etc.)

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

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

State Law requires all applicants to present acceptable evidence of Workers' Compensation Insurance Coverage.

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### 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
County	Email address		

### 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.