



The State of Minnesota licenses the following contractor types:

See: <http://www.dli.mn.gov/CCLD/RBCWho.asp> for specifics. The City of Andover registers and verifies State issued licenses.

- Residential Contractors (New or existing, one to four family buildings, including attached and detached garages.)
- Roofing Contractors
- Plumbers
- Fire Sprinkler Contractors
- Elevator Installers
- High Pressure Piping Installers
- On Site Sewage Treatment Designers, Installers and Septic Pumps
- Building Movers
- Electricians
- Water Conditioning Contractors
- Sewer and Water Installers (Plumber or MN Pipe Layer Card)
- Well Drillers

Effective Sept. 15, 2012, all non-licensed commercial and residential contractors must register with the Department of Labor and Industry.



The City of Andover licenses only Mechanical Contractors:

- Heating, Ventilation, Air Conditioning
- Gas Fireplace Installers
- Liquid Fuel or Fuel Gas Piping -- a certificate of competency or other evidence demonstrating competency must be provided prior to issuance of a license.

To obtain a new or renewed license in the City of Andover, an applicant must submit:

1. A Completed Andover Contractor License Application Form
2. A Certificate of Insurance – current with minimum personal injury liability limits of \$100,000.00 per individual, \$300,000.00 per accident; and \$50,000 damage or destruction to property; and
3. A License Fee of \$50.00

City licenses expire and are subject to renewal on December 31st of each calendar year.

- ✓ All contractors must be currently licensed to obtain permits from the City of Andover.
- ✓ State licensed contractors must provide a current State License, bond and insurance certificate to the City of Andover.
- ✓ Please contact the Andover Building Department with any questions regarding the license process at 763-755-8700



APPLICATION FOR CONTRACTOR LICENSE

1685 CROSSTOWN BOULEVARD NW, ANDOVER, MINNESOTA 55304

(763) 755-8700 • FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

NAME OF BUSINESS OR LICENSE APPLICANT NAME <i>(Please Print Clearly)</i>

Post Mail Address

E-Mail Address	Business Telephone	Mobile Telephone
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Contractor License Type <small><i>(Please Check Box)</i></small>	<input type="checkbox"/> Mechanical / HVAC Contractor Gas	<input type="checkbox"/> Fireplace Installer	<input type="checkbox"/> Fuel Gas Piping Installer
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Business Owner's Name / Name of Responsible Person	E-Mail Address
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Post Mail Address

<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship	Telephone	Mobile Telephone
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Have you or your business been licensed by any municipality before?

YES **NO** **If yes, where:**

<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Printed Name of Responsible Person</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>
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_____ hereby submits application for a license to perform
Signature or Responsible Person

work in the City of Andover in accordance with the Andover City Code, Title 3, Chapter 3, Section 3-3. I am over 18 years of age and understand that work will not be performed until a license has been issued by the City of Andover. I understand that falsification of information requested on this form may be cause for revocation or suspension of my license and prosecution.

BELOW FOR CITY USE ONLY

Reviewed By:	Issuance Date:
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License Number:	Expiration Date:
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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 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.

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		

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)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply the information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license:

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License Being Applied for or Renewed: CONTRACTOR
Licensing Authority: CITY OF ANDOVER
License Renewal Date: January 1st

Personal Information:

Applicant Name: _____
Applicant Address: _____
Social Security Number *(only required if no TAX ID number)*: _____

Business Information:

Business Name: _____
Business Address: _____
Minnesota Tax Identification Number: _____
Federal Tax Identification Number: _____

If Minnesota Tax Identification number is not required, please explain.

Signature: _____ Company: _____