

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Residential
 PO Box 64217
 St. Paul, MN 55164-0217



CC0195

E-mail: DLI.BusinessLicense@state.mn.us
 Web Site: www.dli.mn.gov/cclld.asp
 Phone: (651) 284-5034

Residential Building Contractor / Residential Remodeler

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

License Fees:

If Gross Annual Receipts are less than \$1 million	\$690.00
If Gross Annual Receipts are \$1 million to \$5 million	\$790.00
If Gross Annual Receipts are greater than \$5 million	\$890.00

PER MS 326B.092; SUBD. 3, A \$90 LATE FEE IS DUE IF THE RENEWAL IS RECEIVED BY DLI AFTER THE EXPIRATION DATE

LICENSE FEES ARE NONREFUNDABLE
Depositing of license fee does not constitute
granting of the license applied for.

**PRINT IN INK OR TYPE
MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers License 632422 Recovery 632425 Check Number <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	STK License B42RCLIC Recovery B42RCRECV Amount Paid DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	

DID YOUR LEGAL BUSINESS STRUCTURE CHANGE? If YES, you must submit a new application.

LICENSE NUMBER	FEDERAL TAX ID (FEIN)	STATE TAX ID
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LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	ONLINE
				<input type="checkbox"/>

BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	ONLINE
				<input type="checkbox"/>

DESIGNATED QUALIFYING PERSON (QB, QC) registration # can be found under individuals name at: https://secure.doli.state.mn.us/lookup/licensing.aspx			
REGISTRATION NUMBER (QB or QC)	LEGAL LAST NAME (including suffix)	FIRST NAME	MI

THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS

- LICENSE FEE** – \$690.00 if gross annual receipts are less than \$1 million; \$790.00 if gross annual receipts are \$1 million to \$5 million; or \$890.00 if gross annual receipts are greater than \$5 million. **NOTE:** A \$90.00 late fee is due if received after expiration.
- Secretary of State Business Registration Verification** – Except for Individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mblsportal.sos.state.mn.us/> to verify registration.
- Certificate of Insurance** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT** and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED** with this renewal. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- Designated Qualifying Person Form** – The Designated Qualifying Person Form **MUST BE COMPLETED AND SUBMITTED** with this renewal. Qualifying Person Registration information can be found by searching an individual's first and last name at: <https://secure.doli.state.mn.us/lookup/licensing.aspx>

APPLICANT SIGNATURE	TITLE	DATE
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CC0512

Certificate of Insurance Covering General Liability and Property Damage

Liability Insurance Coverage

This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.86, Subd. 2.

PRINT IN INK or TYPE your responses.
 Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)		
Residential Contractor/Remodeler				
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
		<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.		
DBA ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT		
		Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits.		
STREET ADDRESS (no PO Box)		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.		
CITY	STATE	ZIP CODE		
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	NAIC ID	
CITY	STATE	ZIP CODE	INSURANCE AGENT'S NAME (Print)	
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER	
		ADDRESS		
Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		CITY	STATE	ZIP CODE
		INSURANCE AGENT'S SIGNATURE		DATE

OFFICE USE ONLY
 Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
 CCLD Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, 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 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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**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 NO.	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, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CC0517

E-mail: DLI.License@state.mn.us
Web Site: www.dli.mn.gov/cclid.asp
Phone: (651) 284-5034

Designated Qualifying Person Form

Change of Qualifying Person

- Residential Builder Residential Remodeler
 Residential Roofer Manufactured Home Installer

The information you as an individual provide in this form will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this form is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your non-designated address, becomes public data and may be released to anyone upon request.

QUALIFYING PERSON INFORMATION

REGISTRATION NUMBER (QB, QC, QR, QI)	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME (including suffix)		FULL LEGAL FIRST NAME	MI

CONTRACTOR LICENSE INFORMATION

LEGAL BUSINESS NAME

LEGAL ASSUMED NAME (DBA) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
CONTRACTOR LICENSE NUMBER	BUSINESS TELEPHONE NUMBER		

Are you the qualifying person for more than one business entity? Yes No

If you have checked "Yes" above, you must disclose below the company for which you are the qualifying person.

LEGAL BUSINESS NAME	LICENSE NUMBER
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To be a qualifying person for two corporations, one of the following must exist (check that which applies):

- There is a common ownership of both corporations amounting to at least 25% by any one owner, officer, partner or member.
 One corporation is subsidiary to another corporation. "Subsidiary" means 25% ownership by the parent corporation.

This is to verify that I am the designated qualifying person for the contractor named above pursuant to M.S. § 326B.805 and, as such, I have fulfilled the examination requirements; and shall fulfill the continuing education requirements on behalf of the licensed contractor; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, if I am not identified as an owner, partner, officer, or member of the contractor named above, I am a managing employee as required in M.S. § 326B.805, Subd. 4 who is regularly employed by the licensee and is actively engaged in the business of residential contracting or residential remodeling on behalf of the licensee.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.801 to 326B.89, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

SIGNATURE OF QUALIFYING PERSON (mandatory)	DATE
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