



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

**BUILDING TRADES
BUSINESS LICENSE APPLICATION
(For New Applicants Only)**

Mail application to above address. Please fill out this form completely and clearly. (Please print or type.) **Please make checks payable to: City of St. Paul**
This is the Office Copy - Your License will be your Receipt

Business Name															
Business Address								Business Phone Number							
City				State				Zip							
MINNESOTA TAX IDENTIFICATION NUMBER:															
Applicant's Last Name				First				Position (officer, partner, etc)							
TRADE LICENSES (\$160.00 Each)						Master Holder's Name			Competency Number						
Cement Finishing															
Concrete Masonry															
Concrete Masonry & Finish Cement															
Gas Burner A															
Other Fuels															
Oil Burner A															
Plastering															
Plumbing/Gas Fitting															
Refrigeration A															
Steam Fitting A															
Warm Air															
Ventilation															
Sign Contractor/Operator \$160.00															
Wrecking License \$ 55.00															
Elevator Operator (new) \$2.00 (renew) \$1.00															
Please complete the following if paying by credit card:						Master Card		Exp. Date:							
						Visa		Month/Yr:							
Enter Your Account Number in the Boxes Below:															
Date:				Name of Applicant						Signature of Applicant (Required for all charges)					

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TRADE LICENSE REQUIREMENTS

- **\$160.00 annual fee** for each trade license.
- **Master Certificate of Competency card** issued by the City of Saint Paul for the same year as the license. Exception: Reciprocal Warm Air and/or Ventilation License require proof of a Master's card issued by the City of Minneapolis and valid for the current renewal year.
- **25,000 State Mechanical Bond** – Any questions call Minnesota Department of Labor and Industry, 651-284-5896.
- **Insurance Requirements:**
 - o Worker's Compensation Insurance information is now required. See attached form.
 - o Current Certificate of Insurance for Bodily Injury and Property Damage combined of \$500,000.00.
 - o Saint Paul City Ordinance 8.02 requires 30 days written notice of cancellation on all insurance.
 - o Minnesota Business Tax ID number must be on file with our department. (Call 651-296-6181 for Tax ID #)
- **ATTENTION PLUMBERS:** Both a \$25,000 Plumbing Bond and a \$25,000 Mechanical bond are now required to be filed with the Minnesota Department of Labor and Industry. Plumbing Bond 651-284-5888; Mechanical Bond 651-284-5896. If your insurance is included on bond, no separate certificate of insurance is required.
- **Wrecking License Requirements:**
 - o \$55.00 Annual Fee
 - o \$10,000 Surety bond obtained from a licensed Minnesota agency.
 - o Minnesota Business Tax Identification Number
 - o Worker's Compensation Form
- **Sign Contrator / Operator License Requirements:**
 - o \$160.00 Annual Fee.
 - o \$10,000 City of St Paul Uniform License & Permit Bond or \$8,000 State of Minnesota Bond (651-296-2488). Both bonds must be obtained from a licensed Minnesota agency.
 - o Minnesota Business Tax Identification Number
 - o Worker's Compensation Form
- **Elevator Operator License Requirements:**
 - o \$2.00 Original License Fee. \$1.00 Renewal Fee.

Certification of Compliance with the Minnesota Worker's Compensation Law

According to Minnesota Statutes 176.182, Licensing agencies are prohibited from issuing licenses without verification of workers' compensation coverage. (please print). Any questions on filling out this form should be directed to the State of Minnesota "Special Compensation Fund" 651-296-2117.

THE [WORKERS' COMPENSATION FORM](#) MUST BE COMPLETED AND RETURNED BEFORE LICENSE CAN BE ISSUED.



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Licensee's Name: _____

DBA: _____

Business Address: _____

Business Phone: _____ Preferred Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: _____ Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

☐ American Express	☐ Discover	Expiration Month/Year ▶▶							Security Code ▶▶						
☐ MasterCard	☐ Visa														
Enter Account Number ▶															

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.

If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications)

Date