



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE (MN), CBO, DIRECTOR

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Saint Paul, MN 55101-1806
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Visit our website at: 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.

Effective 10/02/2023

BUSINESS NAME		
BUSINESS ADDRESS		BUSINESS PHONE NUMBER
CITY	STATE	ZIP
APPLICANT'S LAST NAME	FIRST NAME	POSITION (OFFICER, PARTNER, ETC)
EMAIL		

MINNESOTA TAX IDENTIFICATION NUMBER: _____	CHOOSE TYPE: MN TAX ID / FEIN / SSN
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TRADE LICENSES (\$188.00 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 \$188.00		
Wrecking License \$65.00		
Elevator Operator (new) \$2.00 (renew) \$1.00		

Effective April 3, 2021, a 2.49% service fee will be charged for all credit or debit card transactions and will appear as a separate transaction on your card statement. This fee is charged by the service provider the Department of Safety and Inspections uses to handle credit card transactions. The City will not receive any of the service fees.

Signature of Cardholder (required for all charges): _____

Please complete the following if paying by credit card (circle one):										Security Code ▶		Expiration Date: Month/Year ▶	
AMEX		Discover		MasterCard		Visa							
BILLING ZIP CODE: _____													
Enter Credit Card Number ▶													

TRADE LICENSE REQUIREMENTS

- **\$188.00 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, 651-284-5034.
- **Insurance Requirements:**
 - Worker's Compensation Insurance information is now required. See below/attached form.
 - Current Certificate of Insurance for Bodily Injury and Property Damage combined of \$500,000.00; Certificate Holder should show as follows: *DSI – City of St Paul
375 Jackson St STE 220
St Paul MN 55101*
 - Saint Paul City Ordinance 8.02 requires 30 days written notice of cancellation on all insurance.
 - 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. Information on state plumbing licensing and bonding may be found at: <http://www.dli.mn.gov/business/plumbing-contractors/plumbing-contractor-licensing-basics> or contact dli.license@state.mn.us or 651-284-5034. If your insurance is included on bond, no separate certificate of insurance is required.
- **Wrecking License Requirements:**
 - \$65.00 Annual Fee
 - \$10,000 Surety bond obtained from a licensed Minnesota agency.
 - Minnesota Business Tax Identification Number
 - Worker's Compensation Form
- **Sign Contractor/Operator License Requirements:**
 - \$188.00 Annual Fee.
 - \$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.
 - Minnesota Business Tax Identification Number
 - Worker's Compensation Form
- **Elevator Operator License Requirements:**
 - \$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.

Certificate of Compliance

Minnesota Workers' Compensation Law



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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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit 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.