



**CITY OF WOODLAND**  
 20225 COTTAGEWOOD ROAD  
 DEEPHAVEN, MN 55331  
 (952) 474-4755

**STATE PLUMBERS LICENSE REGISTRATION APPLICATION**

The following information is required in order to register your state license with the City of Woodland. City Ordinance requires that all plumbers must be state licensed in order to be issued a permit. State license registrations with Woodland expire December 31.

1. Complete Registration Application of State License [Below]
2. Certification of Compliance Minnesota Worker's Compensation Insurance [Form attached]
3. Copy of State of Minnesota Master Plumber License # \_\_\_\_\_
4. Copy of State Bond # \_\_\_\_\_
5. Insurance Certificate naming the City as Certificate Holder in the sum of: \$50,000/\$100,000/\$10,000.
6. **No** License Registration Fee

**LICENSE REGISRTATION WILL NOT BE VALID UNTIL A CURRENT BOND AND INSURANCE ARE ON FILE**

I/We the undersigned hereby make application for a Plumbers license for a period of one year ending December 31, 2008. For the purpose of obtaining such license I hereby represent that the following information, as required by ordinance, is true.

Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 Minnesota Tax Identification Number \_\_\_\_\_

If a Minnesota Tax Identification Number is not required for the business, indicate that by placing an X in the box.

*Application must be signed with applicant's correct name. If a corporation, that fact must be shown and the officer signing is to show his office. If a partnership, all partner names must appear and at least one partner must sign.*

Signed \_\_\_\_\_  
 Title \_\_\_\_\_  
 Partners \_\_\_\_\_

OFFICE USE ONLY

License Reg. No. \_\_\_\_\_ Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_

# City of Woodland

## SECTION 313 LICENSING AND REGULATION OF PLUMBERS

313.01 License Required. No person may engage in the business of plumbing, or construct, extend, alter or repair any plumbing work or house drainage, or construct cesspools, or connect any house drainage with cesspools, or with the sewer or water supply system of the City without first obtaining a license from the Clerk.

313.02 Insurance. The applicant must provide evidence of public liability insurance written by an insurer licensed to do business in the State, including products liability insurance, with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000. The term of the insurance must include the entire term of the license.

313.03 Bond. A license will not be effective until the applicant has furnished the Clerk with a copy of the bond given to the State for the issuance of a Master Plumber's License. The City and its residents may look to the bond to insure the performance of all plumbing work undertaken in the City (including all water and sewer connections), to insure that any streets and sidewalks excavated by the licensee are restored to their former condition to the satisfaction of the Director of Public Works with a warranty for one year, and to insure the performance of all other requirements of this Code.

313.04 Permits. Every licensed plumber, before constructing, extending, altering or repairing any plumbing work or connecting any plumbing work with a cesspool or City water or sewer system, except as provided in this Code, will apply to the Building Inspector for a permit that purpose, and will pay the permit fee required under Section 305.02.

313.05 Restoring Water Service. If water service is restored after it has been discontinued, the owner will pay to the City a service fee for restoring the service.

# Certificate of Compliance Minnesota Workers' Compensation Law

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.