7550 Sunwood Drive NW | Ramsey, MN 55303
Building 763-433-9850
Planning 763-433-9824
www.Cityoframsey.com/permits
permits@Cityoframsey.com

2026 Contractor License Application

FULL Name of Business _____

List ***ALL*** types of Contracting _____

Business Address _____
Street, Box, Route, City, State, Zip Code

Office Phone _____ Cell Phone _____ Fax Number_____

Business Email Address _____

Applicant's Name _____
Last Name, First Name, Middle Name

Applicant's Position with Company _____

Applicant's Address_____
Street, Box, Route, City, State, Zip Code

List the other communities where licenses are held, or work has been performed.

Have you been licensed in the City of Ramsey before? Yes ◯ No ◯

Do you reside in Ramsey and have your home as a base for your business? Yes ◯ No ◯

If yes, what is the present zoning of the property?_____

If you reside within the City limits of Ramsey and your principal place of business is at your home, you may be subject to specific zoning regulations and have to apply for a conditional use permit.

Number of employees working for you _____

To be approved for a contractor's license in the City of Ramsey, you must provide the following:

- Public liability insurance certificate of $100,000 per person, $300,000 per accident for bodily injury, and $100,000 for property damage
- Certificate of Workers' Compensation insurance, if applicable
- A COPY of any State Issued Bond(s), if applicable
- $50 license fee

This license will expire on December 31, 2026. No permits or inspections will be issued until your license is current.

Return this completed application along with the $50.00 License Fee to:

City of Ramsey
7550 Sunwood Drive NW
Ramsey, MN 55303
Make check payable to the ***"City of Ramsey"***

Fax 763-433-9848
Phone 763-433-9850
Email to Permits@CityofRamsey.com

Please ***complete*** the attached forms for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required by Minnesota Statute Sections 270.72 and 176.182. Applications will not be accepted until these forms are completed.

The undersigned applicant makes this application pursuant to all the laws of the City of Ramsey, Anoka County, State of Minnesota, and such rules and regulations as the City Council of the City of Ramsey may prescribe from time to time.

Applicant's Signature _____ Date _____

This license will take ***effect on January 1, 2026, and expire on December 31, 2026***. The license fee of $50.00 must be paid at the time of application.

FOR CITY USE ONLY

Received on _____ Receipt # _____

Approved on _____ Zoning Approval _____

Comments

Form SP:CI

LICENSE APPLICANT

Pursuant to Minnesota Statute 270C.72 Subd. 4. **Licensing authority; duties:** All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, for all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number, or individual taxpayer identification number and business identification number, as applicable, of each applicant.

1. 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:
2. 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.
3. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may provide this information to the Internal Revenue Service.

Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return it 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 Ramsey**
Name of City, County, or State Agency issuing License

License Renewal Date: **January 1, 2026**

PERSONAL INFORMATION *(if applicable)*

Applicant _____ Social Security Number_____
Last Name, First Name, Middle Name

Applicant's Address_____
Street, Box, Route, City, State, Zip Code

BUSINESS INFORMATION *(if applicable)*

Business Name _____

Business Address _____
Street, Box, Route, City, State, Zip Code

Minnesota Tax Identification No. _____ Federal Tax Identification No._____
If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature _____ Date _____

Position (Officer, Partner, etc.) _____

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statute, Section Chapter 176. The information required is:

- The name of the insurance company
- The policy number
- Dates of coverage or the permit to self-insure

The information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, the Commissioner of the Department of Labor and Industry may assess a $1,000 penalty against the applicant.

Insurance Company Name *(NOT the insurance agent)* _____

Policy Number_____ Dates of Coverage _____

(or)

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

- ◯ I have no employees covered by the law.
- ◯ I am self-insured (include the self-insure permit)
- ◯ I have no employees covered by the workers' compensation law (these include spouses, parents, children, and certain farm employees).

Name_____Phone _____
Last Name, First Name, Middle Name

Doing Business As _____
Business name if different than your name

Business Address _____
Street, Box, Route, City, State, Zip Code

Signature _____ Date _____