City Of Wyoming
Department Of Building Safety
26885 Forest Blvd, PO Box 188
Wyoming, MN 55092
651-462-0575
permits@wyomingmn.org

GAS INSTALLER'S LICENSE APPLICATION

Company Name _____

MN or Federal Tax Identification Number _____

Contact Person _____

Complete Address _____

_____

Phone # _____ Email _____

If license is for a firm or corporation, list the officer's title, name and address:

Officer _____ Name _____

_____

_____

Officer _____ Name _____

_____

_____

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION PRIOR TO THE LICENSE BEING ISSUED:

- Copy of $25,000 Bond with the State of Minnesota
- $25.00 Annual City License fee - Fee cannot be prorated; Licenses expire on December 31st of each year
- Copy of Workers' Compensation Insurance as required by law
- Completed Operations Insurance for a minimum of $200,000
- Public Liability Insurance for a minimum of $500,000

OFFICE USE ONLY

Date Received: License # _____

☐ Copy of Bond
☐ $25.00 Annual City License fee
☐ Workers' Compensation Insurance
☐ Completed Operations Insurance
☐ Public Liability Insurance

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)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

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

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

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.