



City Contractor's License Application SIGNS & BILLBOARDS

10801 Town Square Drive NE, Blaine MN 55449
Planning Department
phone: 763-785-6180 | fax: 763-785-2634 | BlaineMN.gov
probinson@BlaineMN.gov

OFFICE USE	
License #	_____
Date	_____
Receipt #	_____

Firm or Business Name _____ Date _____

LICENSE REQUIREMENTS

- Effective 01/01/13, sign and billboard contractor license fees will be \$35 for 1 year; \$70 for 2 years; \$105 for 3 years.
- **Liability Insurance Certificate:** with combined limits of bodily injury, accident and property damage of at least \$500,000 showing City of Blaine as Certificate Holder.
- **Workers Compensation Certification Minn. Stat. §176.182** showing City of Blaine as Certificate Holder:

I am required to have Worker's Compensation Insurance: Yes No If no, check reason below:

- I have no employees OR
- I am self-insured (include permit to self-insure) OR
- I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children, and certain farm employees).

Under Minnesota law [Minn. Stat. §270C.72\(4\)](#), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification number for the license applicant.

Minnesota Tax Identification # _____

AND

Federal Tax Identification # _____

If you do not have a Minnesota tax identification number, please explain why (use reverse side of form, if necessary).

Phone # _____ / Fax # _____

Email _____

This Agreement must be signed by the Owner, Authorized Partner, or Authorized Officer(s) of the Company OR anyone in a position to indemnify and hold the City of Blaine harmless as the result of our issuing you this license.

Name of Firm or Business

Signee agrees to hold the City of Blaine Harmless for ALL claims of damage liability that may come against the license permit holder AND agrees to adhere to all OSHA standards, uniform traffic codes, state building codes, and city codes, ordinances, and standards that may apply to this license.

Signature of Officer of Corporation or Partner or Owner

Print Name

_____/_____
Position Held Date of Birth

Business Street Address

City/State/Zip