

**APPLICATION FOR CONTRACTOR'S LICENSE**

**REQUIREMENTS:**

License fee of \$50.00 payable to the "City of Brainerd," must accompany application.

Surety Bond in the amount of \$5,000 to the City of Brainerd conditioned upon compliance with Brainerd City Code, Section 1130, submitted on City of Brainerd bond form.

Certificates of Insurance must be filed as followed:

- Liability - \$100,000 per person, \$300,000 per accident or bodily injury
- Property Damage - \$50,000
- Workman's Compensation - Statutory



\_\_\_\_\_  
**Chuck Arvidson, City Building Official**  
City Hall - 501 Laurel Street  
Brainerd, MN 56401  
218-828-2309

Date \_\_\_\_\_

**THE HONORABLE CITY COUNCIL  
CITY OF BRAINERD, MINNESOTA**

Dear Council Members:

Pursuant to the provisions of Section 1130 of the Brainerd City Code providing for the licensing and bonding of individuals, firms, corporations, contractors and subcontractors doing or performing work within the City of Brainerd, I, the undersigned, do hereby make application for a Contractor's License in the City of Brainerd for the calendar year.

Firm Name \_\_\_\_\_

Street, City, State & Zip \_\_\_\_\_

Type of Contractor \_\_\_\_\_

Owner's/Representative's Name (please type or print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX \_\_\_\_\_

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**OFFICE USE**

Amount Paid \_\_\_\_\_

Council Approval \_\_\_\_\_

Date Paid \_\_\_\_\_

License No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

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:

1. 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;
2. 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 supply this information to the Internal Revenue Service;
3. 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 along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSE BEING APPLIED FOR OR RENEWED (special skill category): \_\_\_\_\_

LICENSING AUTHORITY: City of Brainerd – Department of Building Safety

LICENSE RENEWAL DATE: \_\_\_\_\_

PERSONAL INFORMATION (if applicable):

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Social Security Number: \_\_\_\_\_

BUSINESS INFORMATION (if applicable):

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

\_\_\_\_\_  
Signature Position (officer, partner, etc.) Date

