



City of Detroit Lakes

1025 Roosevelt Ave., P.O. Box 647 Detroit Lakes, MN 56502

RE: PLUMBING LICENSE APPLICATION

If you wish to apply for a Plumbing license for 2024 please furnish the following items:

- 1. A photocopy of your MN Master Plumber's license**
- 2. A copy of your Plumbing Contractor Code Compliance Bond in the amount of \$25,000.00.**
- 3. Sign and return ALL of the enclosed documents**
- 4. \$ 65.00 License fee payable to the City of Detroit Lakes**

Send the completed forms to: City of Detroit Lakes
Attn: Plumbing License
P.O. Box 647
Detroit Lakes, MN 56502

If you have any questions concerning the plumbing license renewal, please refer to City Code 605 which can be found on the city website at www.cityofdetroitlakes.com. If any of our information is incorrect, please call the City Administration Office at 218-846-7128 so we can correct our records.

Sincerely,

Glori French
City Clerk

State of Minnesota

County of Becker

**Application For License To Carry On The Business Of Plumbing
Within The City of Detroit Lakes, Minnesota
Pursuant To City Ordinances**

TO THE CITY COUNTY OF THE CITY OF DETROIT LAKES:

Business Name: _____ DBA (if different): _____

hereby applies for a license for a term of one year from the 1st day of _____, 2024, to carry on the business of plumbing within the City of Detroit Lakes as set forth in and pursuant to the Ordinances of said City.

That the applicant holds an unexpired and unrevoked master plumber's license No. _____, issued by the appropriate State Agency for the licensing of plumbers; that said license is hereto attached for examination by the City Council.

That the applicant submits herewith a copy of their State \$25,000 Compliance Bond.

That the applicant will pay to the City Administrator the sum o \$65.00 as required by City Code Chapter 210.01, Section 605.

That said applicant makes this application pursuant and subject to all the Laws of the State of Minnesota, the regulations of the State Board of Health and the ordinances and regulations of said City of Detroit Lakes, Minnesota, all of which are hereby made a part hereof, and hereby agrees to observe and obey the same.

Signed: _____
Applicant

Mailing Address: _____

Dated: _____

E-Mail Address: _____

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
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Licensing Authority (name of city, county, or state agency issuing license):			
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License Renewal Date:			
<hr/>			

PERSONAL INFORMATION:

Applicant's last name		Applicant's first name and middle initial	Social Security Number	
<hr/>		<hr/>	<hr/>	
Applicant's address		City	State	Zip Code
<hr/>		<hr/>	<hr/>	<hr/>

BUSINESS INFORMATION:

Business name				
<hr/>				
Business address		City	State	Zip Code
<hr/>		<hr/>	<hr/>	<hr/>
Minnesota tax identification number			Federal tax identification number	
<hr/>				
If a Minnesota tax identification is not required, please explain on the reverse side of this form.				

Applicant Signature:

Signature Title Date

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.