



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Expiration: Dec 1
License Code: 89
Revenue Code: 311011
MCO: 277
Adm Issuance: Yes
License ID#
CSR:

License Application Guidelines and Checklist

License Type: Sign Hanger

DEFINITION: Sign Hangers install, reconstruct, alter, repair or remove signs on the exterior walls or roofs of any building. A sign is defined as a notice bearing a name, direction, warning, or advertisement that is displayed or posted for public view.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Bond <input type="checkbox"/> \$8,000 bond (Form #2 attached) OR <input type="checkbox"/> A copy of the \$8,000 bond filed with the State of Minnesota. www.dli.mn.gov/CCLD/RBCSign.asp
	<input type="checkbox"/> 3. Certificate of Liability Insurance (Sample form #3) a. This must be furnished by your insurance agent with the mandatory changes. b. You are required to have general liability that includes premises and operations insurance and products and completed operations insurance with the following coverages: <input type="checkbox"/> \$25,000 for injury or loss to one person <input type="checkbox"/> \$50,000 for each occurrence <input type="checkbox"/> \$10,000 property damage
	<input type="checkbox"/> 4. Fee: _____ plus New License Surcharge: _____

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.

2. Bond

- a. The bond is continuous and valid until cancelled.
- b. The amount of the bond must be the same as the amount listed above.
- c. The name of the licensee and the principal on the bond must be the same.
- d. Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
- e. Bond must include an acknowledgment of surety and the agent's power of attorney.

3. Information in Other Languages

Call 612-673-3737. Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
CSR:
FEE: \$
DATE:

Trades License Application

1. TYPE OF LICENSE
Building Wrecker, Class A
Building Wrecker, Class B
Duct Cleaner (HVAC Class B)
Gas Fitter
Heating, Air Conditioning & Ventilation
Oil Burner Installer
Plumber
Refrigeration Installer
Residential Specialty Contractor
Sign Hanger
Steam and Hot Water Installer

2. BACKGROUND INFORMATION
Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number
Legal/Corporate Name of Business
Trade Name (DBA)
Business Telephone Number
Business Address/Location
City
State
Zip Code
Mailing Address (if Different than Business Address)
City
State
Zip Code
Name of Person Filling out this Application
Title
Telephone Number
E-Mail Address
Fax Number
Cell Phone Number
Name of Manager and Home Address
Date of Birth
Type of Ownership
Corporation
LLC
Sole Proprietor
Partnership
Nonprofit
Date of Incorporation
State of Incorporation
Is this business publicly traded? Yes No

3. QUALIFIED MASTER(S) Attach additional sheets if necessary.
Name of Master
Trade
Comp Card Number
Date of Birth
Name of Master
Trade
Comp Card Number
Date of Birth
Name of Master
Trade
Comp Card Number
Date of Birth

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate the date of denial/revocation, government agency, and reason for denial or revocation.

List all types of work to be conducted in Minneapolis.

4. LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)

Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	Telephone	% of Ownership
Home Address	City	State	Zip Code

Have any of the individuals above been convicted of a crime? Yes No
 If Yes, please provide (or attach) dates and conviction specifics.

5. WORKERS' COMPENSATION

Workers' Compensation Company	Policy Number	Coverage Dates
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-----Or-----

I certify that I am not required to carry workers' compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

6. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

7. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submission of this application all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

Sign Hanger's License Bond

STATE OF MINNESOTA) }
COUNTY OF HENNEPIN) } ss

KNOW ALL MEN BY THESE PRESENTS, That _____, (as principal,) and _____, a corporation organized and existing under the laws of the State of _____, as surety, are held and firmly bound unto the city of Minneapolis, a municipal corporation in the County of Hennepin and state of Minnesota, for the benefit and protection of any person for whom said principal shall do any sign hanging work in the sum of Eight Thousand Dollars (\$8,000), lawful money of the United States of America, for the payment of which sum well and truly to be made, we jointly and severally bind ourselves, our successors, heirs, executors and administrators, successors and assigns, firmly by these presents.

The conditions of the above obligation are such that, whereas the above named principal has duly applied for a license to engage in the occupation and business of sign hanger in the City of Minneapolis, Minnesota, during the license year ending the first day in December, A.D. 20____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued to said above bounden principal, if he shall well and truly indemnify and save harmless any and all persons for whom he shall do Sign Hanging work from any and all loss or damage arising out of such licensee's failure to comply with any such specifications pertaining to such work, to use non-inferior materials, to do competent work, to pay for labor and materials, and to fully and properly perform all contracts entered into for the performance of such work by such licensee, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred, or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, A.D. 20_____.

Signed, Sealed, and Delivered
in the Presents of:

_____	_____ (SEAL)
_____	_____ (SEAL)
As to Principal	Principal
_____	_____ (SEAL)
_____	_____ (SEAL)
As to Surety	Surety

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL)

**STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS**

On this _____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

(SEAL)

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL (PARTNERSHIP)

**STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS**

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

(SEAL)

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (CORPORATION)

**STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS**

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

(SEAL)

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ATTACH ACKNOWLEDGMENT OF SURETY

City of Minneapolis Requirements for Insurance Certificates

#3

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be Pending,
Binder or TBA.

The Legal/Corporate Name
must match exactly
(word for word) to the
Approved Licensee Name
(including Inc, or LLC),
Trade Name (DBA),
and Premise address.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMITS PER:				EACH OCCURRENCE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ AGGREGATE \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____, AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ADDITIONAL INSURED; INSURER LETTER _____ City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Original Signature or stamp of Agent.

Applications will be returned if requirements are not complete.