



UTILITIES DEPARTMENT
APPLICATION FOR EXCAVATING
CONTRACTOR LICENSE

1.) Applicant Information

- Name: _____
- Address: _____
- Telephone Number: _____
- Email Address: _____
- MN Tax ID Number or Social Security Number: _____
- Federal Tax ID Number: _____

(According to MN Statute No. 270c.72 Issuance of Licenses-Sub 4 Licensing authority; duties)

If applicant is an organization, provide the name, title, address, and telephone number of the principle officer of the organization and the individuals authorized to act on behalf of such organization. If additional space is needed, attach a sheet of the same size to this application.

- Name: _____
- Title: _____
- Address: _____
- Telephone Number: _____
- Email Address: _____

2.) Other Requirements

- **Insurance** – Attach hereto a certificate indicating that you have obtained an insurance policy with a combined single limit of coverage of at least \$1,000,000.00 that provides coverage against all claims and liabilities arising from any construction activity performed by you under the Excavating Contractor License for which application is made and that names the City of Hermantown as an additional insured under such policy and that meets the other requirements of Section 310 of the Hermantown City Code. Also, please read and complete the form entitled “Proof of Workers Compensation Insurance Coverage” which has been provided to you by the City.
- **Hold Harmless Agreement** – Attach hereto a Hold Harmless Agreement executed by an authorized representative of the applicant.
- **Bond** – Attach hereto a surety bond in the amount of \$5,000.00 in favor of the City that meets the requirements of Section 310 of the Hermantown City Code.
- **Fee** – Submit with this application the required license fee per the fee schedule.

3.) Application

- Applicant hereby applies for an Excavating Contractor License from the City of Hermantown. In connection with this application, Applicant is hereby notified of City Ordinance Chapter 3 located on the City’s website at: <https://hermantownmn.com/wp-content/uploads/2022/08/CHAPTER-03-PUBLIC-PROPERTY-8.16.22.pdf> . The Applicant has read and understands the provisions and requirements of such Ordinance, and agrees to comply with all of the provisions of such Ordinance.

Dated this _____ day of _____, 20_____.

Applicant Signature: _____ Date: _____

PROOF OF WORKERS' COMPENSATION COVERAGE

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage requirement of Section 176-181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2. This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund. Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the Insurance Coverage requirement for Workers' Compensation.

- Insurance Company Name:
(NOT THE INSURANCE AGENT)
- Policy Number or Self-Insurance Permit Number:
- Dates of Coverage:
- I am not required to have Workers' Compensation Liability Coverage because:
 - I have no employees covered by law:
 - Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKER'S COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Applicant Signature: _____

Date: _____

HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS, that the undersigned do hereby indemnify and hold harmless the City of Hermantown, a Statutory City under the laws of the State of Minnesota, and it Officers, Agents and Employees, from and against any and all claims, judgments or other costs arising from any work or activity undertaken by the undersigned pursuant to this Excavating Contractor License Applicant

Tennessee Warning - Data Practice Advisory

Some or all of the information that you are asked to provide on the attached application is classified by state law as either private or confidential. Private data is information, which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to consider your application. You are not legally required to provide this information. You may refuse to provide this information. The consequences of supplying or refusing to supply data are that your application may not be considered or it may be denied. Other persons or entities may be authorized by law to receive the information.



Applicant Signature: _____

Date: _____

Return this completed application to:

**City of Hermantown
Utility Department
5105 Maple Grove Road
Hermantown, MN 55811**

Email: ltownsend@hermantownmn.com