

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155

## CERTIFICATE OF EXEMPTION APPLICATION INSTRUCTIONS

Mailing Address:  
PO Box 64217  
St. Paul, MN 55164-0217

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

**STEP 1 - Starting a Business in Minnesota:** Before submitting an application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at <http://www.positivelyminnesota.com/Business> or call 651-556-8425.

**STEP 2 – Minnesota Secretary of State Office:** Before submitting an application you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us//index.aspx?page=92> to obtain information relating to the registration of your business entity or business name in Minnesota. Contact SOS by phone at 651-296-2803 or 1-877-551-6767.

**STEP 3 - Tax ID & Employment Insurance** - Except for individuals (sole-proprietor) or one-member limited liability companies without employees or taxable sales, all businesses must disclose their Federal Employer Identification Number (FEIN) and their State Tax Identification number. Individuals (sole proprietor) or one member limited liability companies must provide a Social Security number. Tax numbers are available from the state or federal revenue agencies below:

Minnesota Tax Identification Number	651-282-5225
Federal Employer Identification Number	800-829-4933
Employment & Economic Development (Unemployment Insurance)	651-296-6141
Labor & Industry (Workers' Compensation Insurance)	651-284-5032
Revenue (if making retail sales in Minnesota)	651-296-6181 – corporate Sales Tax ID

### STEP 4 - INFORMATION FOR USE IN COMPLETING THE APPLICATION:

#### Legal Business Name:

- **Individual/Sole Proprietor** -The legal business name for all individual proprietors is the full legal name (first, middle, last) of the individual business owner.
- **General Partnerships** - The legal business name of a partnership consisting of two or more individuals, is the full legal names of each partner (first, middle, last) and must include all business partners.
- **All other business types** - The legal business name of a Corporation, Foreign Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnerships is the exact business entity name as filed with the Office of the Minnesota Secretary of State

**Minnesota Secretary of State (SOS):** If your business entity or business name is required to be registered with the SOS, you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us//index.aspx?page=92> to obtain the required business documentation.

**Doing Business As (DBA) Name / Assumed Name:** Any business operating by a name other than their full legal business name is also, required to file a Certificate of Assumed Name with the Minnesota Secretary of State to obtain authority for use of the assumed name. **NOTE:** Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed (DBA) names must be registered with the Office of the Secretary of State.

**Physical Address:** Must be the physical address of the business, if different than the main address. This address is the primary physical address for work performed in Minnesota by the holder of the license, certificate, or registration. A PO Box are not acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

**Mailing Address:** Must be the mailing address for the business entity being licensed, certified, or registered, if different from the main address. This address is the primary mailing address for the holder of the license, certificate, or registration. A PO Box is acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

**Minnesota Registered Agent:** All applicants must provide the name and address of a Minnesota registered agent authorized to receive service of process and give consent to service of process as required by M.S. § 326B.855.

**STEP 5 - Before submitting your application, carefully read and follow the Application Requirements included with this application packet.**

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
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## Certificate of Exemption Application Requirements

### Residential Building Contractor Residential Remodeler / Residential Roofer

Mailing Address:  
PO Box 64217  
St. Paul, MN 55164-0217

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

### INCOMPLETE OR INACCURATE APPLICATION FORMS WILL DELAY PROCESSING

#### FEES

**New** Certificate of Exemption- \$10.00 (fee set in Minnesota Statute § 326B.805, Subd. 6 and Minnesota Statute 326B.092)

**Renewal** of Certificate of Exemption - \$10.00 (fee set in Minnesota Statute § 326B.805, Subd. 6 and Minnesota Statute 326B.092)  
A \$5.00 late fee is due if the renewal is received by DLI after the expiration date, per Minnesota Statute § 326B.092, subd. 3.

You may upload your application and pay by credit card, online at the DLI website <https://secure.doli.state.mn.us/license/intro.aspx> or mail your application to DLI, and pay by check or money order payable to the **Department of Labor & Industry**. NOTE: Depositing of a fee does not constitute the granting of a license, certificate, or registration. **CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

**Minnesota Secretary of State (SOS) Registration / Assumed Name Verification** – Include a computer screen print of the ACTIVE SOS Business Record Detail for your business entity filing and/or the assumed name with your application. Submit a computer screen print for each SOS business filing. Contact SOS by phone at 651-296-2803 or 1-877-551-6767 or online at [www.sos.state.mn.us](http://www.sos.state.mn.us)

**Residential Certificate of Exemption Application Form** - Application Form - Pages 1 and 2 must be completed and signed by applicant(s). <http://www.dli.mn.gov/ccld/RBCCContractorRemodApp.asp>

**Disclosure of Business Owners, Partners, Officers and Members Form** - All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day to day operations for the business entity being licensed, certified or registered must be disclosed.

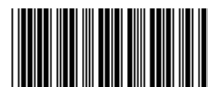
**Affidavit in Support of Certificate of Exemption Application** - Attached an original signed and notarized Affidavit in Support of Certificate of Exemption Application. On behalf of the applicant, an owner, partner, member, or corporate officer identified on the attached disclosure of business owners, partnership, members, and officers' form must sign the Affidavit in Support of Certificate of Exemption Application. Through a signed and notarized affidavit, the applicant certifies under oath acceptance of the requirements and limitations associated with a Certificate of Exemption.

**Background Disclosure Form** - This form [http://www.dli.mn.gov/ccld/PDF/rbc\\_background\\_disclosure.pdf](http://www.dli.mn.gov/ccld/PDF/rbc_background_disclosure.pdf) must be completed by EVERY APPLICANT. "APPLICANT" as defined by Minnesota Statutes § 326B.83 Subd. 2 includes all employees who exercise management of policy control over the residential contracting, residential remodeling or residential roofing activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the NEW membership interests that have been issued.

**BCA Form** - This form [http://www.dli.mn.gov/ccld/PDF/rbc\\_bcaform.pdf](http://www.dli.mn.gov/ccld/PDF/rbc_bcaform.pdf) must be completed by EVERY APPLICANT. "APPLICANT" as defined by Minnesota Statutes §326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling or residential roofing activities in the state of Minnesota including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.

**Certification of Compliance Form Minnesota Workers' Compensation Law** - The Certificate of Compliance with Minnesota Workers' Compensation Law must be completed and submitted with this application by ALL applicants. Pursuant to M.S. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. **Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032.** Missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing. This form [http://www.dli.mn.gov/ccld/PDF/ccld\\_lic-04\\_workcomp.pdf](http://www.dli.mn.gov/ccld/PDF/ccld_lic-04_workcomp.pdf) must be completed by EVERY APPLICANT.

**NOTE:** Applications will not be approved and the certificate, or registration applied for will not be issued unless all of the conditions identified on the application and in the applicable sections of Minnesota Statutes, Chapter 326B are in compliance. Pursuant to M.S. § 326B.082, the Department may revoke, suspend or refuse to issue any certification or registration granted when the applicant knowingly and willfully makes a false statement in any application.



CC0501

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 Phone: (651) 284-5034

## Residential Building Contractor Residential Remodeler / Residential Roofer CERTIFICATE OF EXEMPTION APPLICATION

- NEW     Renewal     Business Entity Change or Structure Change  
 Residential Building Contractor     Residential Remodeler  
 Residential Roofer

- New Certificate of Exemption \$10.00  
 Renew Certificate of Exemption (not expired) \$10.00  
 Renew Certificate of Exemption (expired) \$15.00  
 Reinstate Certificate of Exemption \$15.00  
 (expired over 12 months)

**Depositing of fee does not constitute granting of the certificate applied for. APPLICATION FEES ARE NONREFUNDABLE**

**Avoid processing delays by uploading your completed application online at:**  
<https://secure.doli.state.mn.us/license/intro.aspx>

**\*A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3**

SPACE IN BOX FOR OFFICE USE ONLY	
<b>Account Numbers</b> License 632422	<b>STK</b> License B42RCLIC
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> <b>MO</b>	<b>DLI Deposit Date</b>
<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
<b>APPLICATION NUMBER:</b>	

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your Social Security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you have been issued a certificate of exemption, the information you provide, other than your Social Security number and non-designated address, becomes public data and may be released to anyone upon request

**1. MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION: Is your business name(s) registered with SOS?**     YES     NO  
 IF "NO" please visit **MN Secretary of State (SOS)** – <http://mblsportal.sos.state.mn.us/> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration filing status. Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State.

**2. BUSINESS TYPE: (check only one)**      **Specify the state business is organized in:** \_\_\_\_\_

Individual Proprietor (IP)                       Corporation (CORP)                       Limited Liability Company (LLC)  
 Partnership (PT)                                       Foreign Corporation                       Foreign Limited Liability Company  
 Limited Liability Partnership (LLP)                       Other (specify) \_\_\_\_\_

<b>3. FEDERAL TAX ID NUMBER (FEIN)</b> (Tax # call: 1-800-829-4933)	<b>MINNESOTA TAX ID NUMBER</b> (Tax # call: 651-282-5225)
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<b>If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.</b>	<b>SOCIAL SECURITY NUMBER</b>
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<b>4. LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP)</b>	<b>FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT)</b>
<b>DBA NAME</b> (Doing business as name / assumed name – if applicable)	<b>DBA NAME</b> (Doing business as name / assumed name – Required)

<b>PHYSICAL BUSINESS STREET ADDRESS</b> (PO Box is not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>BUSINESS MAILING ADDRESS</b> (PO Box is acceptable - if applicable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

<b>BUSINESS PHONE NUMBER</b> (public)	<b>OTHER TELEPHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
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**5. ALL OUT OF STATE BUSINESSES, except states that are contiguous (i.e. Iowa, Wisconsin, South Dakota and North Dakota) with Minnesota, must provide the name and address of a registered agent in this state authorized to receive service of process and by signing this application hereby give consent to service of process as required by M.S. § 326B.855.**

**MINNESOTA REGISTERED AGENT NAME**

<b>REGISTERED AGENT'S MINNESOTA ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>BUSINESS PHONE NUMBER (public)</b>	<b>OTHER TELEPHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
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<b>6. DO YOU HAVE EMPLOYEES?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>If Yes, UNEMPLOYMENT INSURANCE NUMBER</b> (Unemployment # call: 651-296-6141)
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**7. Affidavit in Support of Certificate of Exemption Application**

Attached an original signed and notarized Affidavit in Support of Certificate of Exemption Application. On behalf of the applicant, an owner, partner, member, or corporate officer identified on the attached Disclosure of Business Owners, Partners, Officers, and members, Form must sign the Affidavit in Support of Certificate of Exemption Application. Through a signed and notarized affidavit, the applicant certifies under oath acceptance of the requirements and limitations associated with a Certificate of Exemption.

**8. Declarations**

This is to certify that the individual or business making this application as a residential building contractor, residential remodeler, or residential roofer claims an exemption from licensure pursuant to Minnesota Statutes § 326B.805. Subd. 6(5), because they do not expect to exceed \$15,000 in gross annual receipts derived from their contracting, remodeling or roofing activities during this calendar year.

I understand a certificate of exemption shall not be issued unless and until a signed and notarized Affidavit in Support of Certificate of Exemption Application is filed with the application, which shall be signed by an identified owner, partner, member, or corporate officer.

I understand that a Certificate of Exemption must be applied for each year and that this certificate expires March 31 of each year.

I understand that if I exceed \$15,000 in gross annual receipts, regardless of where the activities are performed, during any calendar year, that I must immediately surrender the Certificate of Exemption and apply for the appropriate license.

I understand that if I am exempt from the licensure requirements, I may be required by a municipality to obtain a local license prior to becoming eligible to obtain a building permit.

I understand that a Certificate of Exemption is NOT a license and that I am prohibited from advertising as a licensed contractor unless I or my company holds a municipal license.

I understand that I am required and may be requested to provide the Department of Labor and Industry with additional information to verify qualification for this Certificate of Exemption.

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath.

One of the officers listed on the attached **Disclosure of Business Owners, Partners, Officers and Members Form** must sign below as the applicant. If the business type is a partnership then all partners must sign.

<b>PRINT APPLICANT NAME</b>	<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
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<b>PRINT APPLICANT NAME</b>	<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
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This material can be made available in different formats, such as large print, Braille or on Audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217

## Disclosure of Business Owners, Partners, Officers and Members

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/cclcd.asp](http://www.dli.mn.gov/cclcd.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

**This form must be completed by all business types.**

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

**LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)**

**DBA NAME** (Doing business as name / assumed name – if applicable)

<b>PHYSICAL BUSINESS ADDRESS</b> (PO Box not accepted)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>BUSINESS TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		

**LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)**

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

**This material can be made available in different formats, such as large print, Braille or on audio.**

**THIS FORM MUST BE COMPLETED  
BY ALL BUSINESS TYPES**



CC0528

State of Minnesota )  
 ) ss.  
County of \_\_\_\_\_ )

**AFFIDAVIT IN SUPPORT OF  
CERTIFICATE OF  
EXEMPTION APPLICATION**

\_\_\_\_\_, being sworn/affirmed under oath, hereby states and avers:  
(applicant)

1. I am the \_\_\_\_\_ of \_\_\_\_\_, a business engaged  
(Title) (Business name)  
in the trade of residential building contracting, residential remodeling, or residential roofing in  
the state of Minnesota and submit this Affidavit in support of my application for a Certificate of  
Exemption issued by the Minnesota Department of Labor and Industry pursuant to Minnesota  
Statute Section 326B.805, subd. 6(5);

2. I do not expect my company to exceed \$15,000.00 in gross annual receipts derived from  
residential building contracting, residential remodeling, and/or residential roofing activities  
during this calendar year;

3. I understand that “gross annual receipts” is defined in Minnesota Statute Section 326B.802,  
subd. 3, as the total amount derived by my company from residential building contracting,  
residential remodeling, and residential roofing activities, regardless of where the activities are  
performed, and may not be reduced by the cost of goods sold, expenses, losses, or any other  
amount;

4. I understand that I must renew the Certificate of Exemption each year and that it expires on  
March 31<sup>st</sup> of each year; and

5. I understand that if my company exceeds \$15,000.00 in gross receipts during any calendar  
year, I must immediately surrender the Certificate of Exemption and apply for the appropriate  
license to further conduct any residential building contracting, residential remodeling, or  
residential roofing activities in the state of Minnesota.

**FURTHER YOUR AFFIANT SAYETH NOT**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Affiant’s Signature

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public





CC0513

Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217

## Background Disclosure Form Business / Contractor / Individuals

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

**This form must be completed by every APPLICANT. "APPLICANT" as defined by Minnesota Statutes § 326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling, residential roofing, or manufactured home installation activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.**

Minnesota Statutes § 326B.83, subd 2, requires the disclosure of certain criminal, civil action, and financial information from the legal business entity applying for a certificate of exemption and its directors, officers, members, limited or general partners, controlling shareholders or affiliates. You are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in denial of the same. The information provided by individuals on this form is private data on individuals while the application is pending and then becomes public data after the certificate of exemption is issued. Disclosure of this information to others may occur as authorized or required by law, upon court order, and/or for the purpose of verification and investigation. Failure to submit the Business/Contractor Background disclosure form, failure to disclose any material information, or making false or misleading statements with respect to any material fact is cause to deny, suspend or revoke your certificate of exemption.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH		
PHYSICAL STREET ADDRESS (no PO Box)		CITY	STATE	ZIP CODE	COUNTY
LEGAL BUSINESS NAME and DBA			TELEPHONE NUMBER		

### Work History for the past five years (attach additional pages if necessary)

Business Name	Description of Employment	Dates of Employment	
		From	To

**If you answer yes to any of the questions below you must attach documentation providing details to enable the Department to evaluate your application fairly and completely. Please attach this documentation directly to your application. NOTE: failure to provide this documentation may significantly delay the processing of your application and may eventually result in the application being denied.**

- 1) Have you ever held any occupational or professional license in any state including Minnesota?  
 If **Yes**, list the state(s) and the license type(s) for each license you've held. \_\_\_\_\_  Yes  No

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- 2) Have you, as the applicant, qualifying person, or any employee ever had a professional or vocational license reprimanded, censured, limited, conditioned, refused, suspended or revoked, or have you ever been the subject of any administrative action or been affiliated with a business entity that has had action taken against it?  Yes  No

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- 3) In the past 10 years, have you been charged with, pleaded to or been convicted of any criminal offense in any state or federal court? Include any felonies, gross misdemeanors or misdemeanors, but do not include any traffic violations (including DUI or DWI).  Yes  No

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- 4) Have you ever been named as a debtor in a judgment arising from a civil action involving allegations of fraud, construction defect, misrepresentation, negligence, breach of contract, or conversion of funds?  Yes  No

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- 5) Have you as the applicant, managing employee or qualifying person ever filed for bankruptcy or protection from creditors or have any unsatisfied judgments against you or a business entity with which you have been affiliated?  Yes  No

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- 6) Has there been a sale or transfer of the business or any other change in ownership, control, or business name within the last five years?  Yes  No

**CERTIFICATION**

I certify that all of the information submitted on this disclosure and attachments is true and complete and that this document has not been changed in any manner from the form adopted by the Department of Labor and Industry.

SIGNATURE OF APPLICANT (mandatory)	TITLE (mandatory)	DATE
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This material can be made available in different formats, such as large print, Braille or on audio.



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Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

## 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 Minn. Stat. 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
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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
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**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.