

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

## MANUFACTURED HOME LIMITED DEALER BUSINESS APPLICATION INSTRUCTIONS

Mailing Address:  
PO Box 64220  
St. Paul, MN 55164-0220

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 a new license 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 a new license 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 license 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 from 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 is 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 license application, carefully read and follow the Application Requirements included with this application packet.**

**Manufactured Home Limited Dealer**  
**New License Application Checklist**  
**Fill out application form in its entirety**  
**CASH IS NOT ACCEPTED BY MAIL OR WALK - IN**

**Incomplete or Inaccurate Application Forms Will Delay Processing**

**ALL documentation and fees below are required and must be complete and accurate before a license will be issued.**

- License Fees \$120.00 Make Check or money order payable to the Department of Labor & Industry**  
You may upload your license 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 license 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)
- Manufactured Home Limited Dealer Application Form**  
The application form must be complete and signed. All information requested on the application form must be provided and complete.
- 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 of the business entity being licensed, certified, or registered must be disclosed.
- Background Disclosure Form**  
This form must be completed by **EVERY APPLICANT**. “APPLICANT” as defined by MS § 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.
- \$5,000.00 Manufactured Home Dealer Bond**  
Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney form.
- Park License**  
A copy of the Park License issued by the Department of Health.
- Workers’ Compensation Certification of Compliance Form**  
All applicants must provide evidence of compliance with Minnesota’s workers’ compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers’ compensation insurance. Or, you may complete and submit the department’s Certificate of Compliance with Minnesota’s Workers’ Compensation Laws, which is available online at [www.dli.mn.us/ccld/forms.asp](http://www.dli.mn.us/ccld/forms.asp). Applicants claiming exemption from workers’ compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form.

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

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 Manufactured Structures  
 PO Box 64220  
 St. Paul, MN 55164-0220



CC0505

## Manufactured Home Limited Dealer NEW LICENSE APPLICATION

E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
 Phone: (651) 284-5034

**New**     **Business Structure Change**  
*(New license # will be issued)*

**License Fees = \$120.00**

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY  
 LICENSING FEES ARE NONREFUNDABLE**

**Depositing of license fee does not constitute  
 granting of the license applied for**

**PRINT IN INK OR TYPE  
 MAKE A COPY OF THIS APPLICATION FOR YOUR RECORD**

SPACE IN BOX FOR OFFICE USE ONLY			
Account #	632405	STK	B42MFGLIC
Check Number	Amount Paid		
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date		
<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.			
APPLICATION NUMBER:		LICENSE NUMBER:	

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 are licensed, 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. BUSINESS TYPE:** (check only one)      **State business is organized in:**

<input type="checkbox"/> <b>Individual</b> (sole proprietor)	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Limited Liability Company</b>
<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Foreign Corporation</b>	<input type="checkbox"/> <b>Foreign Limited Liability Company</b>
<input type="checkbox"/> <b>Limited Liability Partnership</b>	<input type="checkbox"/> <b>Other</b> (specify)	

**2. The following information must be provided unless the applicant is an individual (sole proprietor) or one-member limited liability company and does not have employees or taxable sales:** (See the application instructions if the company is from outside of Minnesota and is not required to withhold Minnesota income taxes)

Federal Employer Tax Number (FEIN) (if applicable)	Minnesota Tax Number (MN ID) (if applicable)	Employment Insurance Acct No (if applicable)
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If the applicant is an individual (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.	Social Security Number
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**3. LEGAL NAME OF PARK OWNER/MANAGEMENT COMPANY** (Individual name only if no company name used )

**4. DBA NAME** (Doing Business as name / assumed name – if applicable)

**5. NAME OF PARK** (as it appears on the Manufactured Home Park License)

**Second page must be completed and signed by applicant.**

<b>6. BUSINESS TELEPHONE NUMBER</b>	<b>7. OTHER TELEPHONE NUMBER</b>	<b>8. E-MAIL ADDRESS</b>
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**Address Instructions.** In #8, provide the main legal physical address for the legal business entity applying to be licensed. In items #9 and #10, provide the physical and mailing address to be linked to only this license, if different from the main legal address (#8). By default, the department posts the main address online as the licensee's address. If you provide a physical or mailing address for the license, then you may designate the address you want posted online by checking the appropriate box.

<b>9. PARK (LEGAL) ADDRESS</b> (PO Box Not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>
<b>10. PHYSICAL BUSINESS ADDRESS</b> (PO Box Not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>
<b>11. BUSINESS MAILING ADDRESS</b> (PO Box is acceptable) (if applicable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>

**11. Do you have employees?**     **Yes**     **No**    Whether you have employees or not, you must also complete the worker's compensation Certificate of Compliance form located on our website at [www.dli.mn.gov](http://www.dli.mn.gov)

<b>12. DESIGNATED CONTACT</b> (must be owner, partner, or corporate president)			<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NO</b>
<b>Full Legal Last Name</b> (include suffix)	<b>Full Legal First Name</b>	<b>MI</b>		
<b>RESIDENTIAL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE NO</b>
Is the residential address a non-designated (Private) address? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			If <b>yes</b> , you must provide a designated (Public) address.	
<b>DESIGNATED (Public) ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE NO</b>

**This is to certify that the business entity and designated contact person making this application are in compliance with the provisions of M.S. 327B.04, including:**

- (a) Compensation of any employees selling manufactured homes will be reported on an Internal Revenue Service W-2 form.
- (b) All contracts to sell a manufactured home, for which a license is required, will be in the name shown on my manufactured home limited dealer license and include the license number.
- (c) All business forms and advertising (e.g., signs, vehicles, business cards, published display ads, flyers, brochures, websites, and internet ads) will be in the name shown on my manufactured home limited dealer license and include the issued license number.
- (d) I will immediately notify the Department in writing of any change of address, telephone number, legal business structure, change of designated contact person, employment of others, or other information required on my application.
- (e) I understand and accept that the Department of Labor and Industry, pursuant to M.S. 326B.082, may revoke, suspend, or limit this license or refuse to issue a license if I knowingly and willfully made a false statement in this application.

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, Partnership, Officers and Members form must sign below as the applicant. If partnership then all partners must sign below:

<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

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



Mailing Address:  
 PO Box 64220 St. Paul, MN 55164-0220

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

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

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must provide a designated (Public) address.</b>				
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.**



### Manufactured Home Limited Dealer Surety Bond

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov/cclid](http://www.dli.mn.gov/cclid)  
Phone: (651) 284-5034

<b>BOND NO.</b>	<b>AMOUNT</b> <b>\$5,000.00</b>	<b>EFFECTIVE DATE</b>
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**PRINT IN INK or TYPE**

KNOW ALL PERSONS BY THESE PRESENTS:

THAT \_\_\_\_\_  
(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

\_\_\_\_\_  
(DBA or "doing business as" name if applicable)

With business office at \_\_\_\_\_  
(Business Address) (City) (State) (Zip Code) (Telephone number)

as PRINCIPAL, and \_\_\_\_\_  
(Surety Company Name)

\_\_\_\_\_  
(Surety Company Address) (City) (State) (Zip Code) (Telephone number)

a corporation duly organized in the state of \_\_\_\_\_ and authorized to do business in the state of Minnesota, as Surety, are hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a manufactured home limited dealer with specific privileges and responsibilities under Minnesota Statutes, sections 326B and 327B, as amended, Minnesota Rules, chapter 1350, as amended, for all manufactured home limited dealer activities and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 327B.04, subds. 1 and 4(c) and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_

**(SURETY SEAL)**

\_\_\_\_\_  
Print Name of Principal(s)

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL(S)

\_\_\_\_\_  
Print Name of Principal(s)

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL(S)

**Acknowledge (notarize) signatures on reverse side and attach power of attorney form.**

\_\_\_\_\_  
NAME OF SURETY

File with: Minnesota Department of Labor and Industry  
CCLD Licensing and Certification  
443 Lafayette Road N.  
St. Paul, Minnesota 55155

\_\_\_\_\_  
SIGNATURE OF ATTORNEY IN FACT  
(SURETY COMPANY)

**A OR B AND C MUST BE COMPLETED**

**A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership**  
(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ personally came \_\_\_\_\_  
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same  
to be his/her/their own free act and deed.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**B. FOR ACKNOWLEDGEMENT of Corporate Contractor**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ personally came \_\_\_\_\_  
who being by me duly sworn, did say that he/she is \_\_\_\_\_  
of \_\_\_\_\_, a \_\_\_\_\_  
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she  
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**PART C MUST BE COMPLETED BY THE SURETY COMPANY**

**C. FOR ACKNOWLEDGEMENT of Corporate Surety**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ personally came \_\_\_\_\_  
and \_\_\_\_\_ to me personally known, who being by me duly sworn, did say that  
he/she is the attorney in fact of \_\_\_\_\_, the  
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the  
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said  
\_\_\_\_\_ acknowledged that he/she executed said instrument as attorney in  
fact as the free act and deed of said corporation.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_



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)  
 Phone: (651) 284-5034

## Background Disclosure Form Business / Contractor / Qualifying Person

**This form must be completed by every APPLICANT.** "APPLICANT" as defined by MS § 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 to be licensed 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 license 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 the license.

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

---

- 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.





Mailing Address:  
PO Box 64220  
St. Paul, MN 55164-0220

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Directions: <http://www.dli.mn.gov/Direct.asp>  
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## 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		

**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**

<b>Applicant signature (required)</b>	<b>Title</b>	<b>Date</b>
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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.