Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road N
St. Paul, MN 55155

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

DEPARTMENT OF LABOR AND INDUSTRY

Residential Roofer Contractor

NEW LICENSE APPLICATION INSTRUCTIONS

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 https://mn.gov/deed/business/starting-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 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 NEW 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 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: By law, this address must be the actual physical location from which the company conducts its business; a PO Box is not acceptable. If you would like a different address to be provided to the public on your license, please check the "NO" box in this field and provide us with your public address in the "Mailing Address" field below.

Mailing Address: If you choose not to make your Physical Address your public address, you must provide us with an address that will be the address that prints on your license and displays on our license lookup. This address can be a PO Box, as long as you provide us with your actual physical location in the "Physical Address" field.

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 NEW license application, carefully read and follow the Application Requirements included with this application packet.

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DEPARTMENT OF LABOR AND INDUSTRY

RESIDENTIAL ROOFER CONTRACTOR

New License Application Requirements

License Fee $180.00

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

Residential Building Contractor / Residential Remodeler New License Application Form (2 Pages)
Application Form - Pages 1 & 2 must be completed and signed by applicant(s). http://www.dli.mn.gov/business/residential-contractors/roofer-license

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. http://www.dli.mn.gov/sites/default/files/pdf/rbc_disclosecompanyowners.pdf

Qualifying Person Designation Form - Qualifying Roofer (QR) - All applicants must designate a qualifying person. The qualifying person completes and signs the Qualifying Person Designation Form http://www.dli.mn.gov/sites/default/files/pdf/qp_register.pdf , which validates the designation made in the application form. For DLI exam registration and scheduling information: https://www.dli.mn.gov/business/residential-contractors/contractor-roofer-and-remodeler-exams

Background Disclosure Form - This form http://www.dli.mn.gov/sites/default/files/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 or residential remodeling 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.

Roofer Bond Form - Bond form must be issued, signed, sealed and notarized by the Surety Company and must be accompanied by the Power of Attorney form. New bond is required if changing bonding companies or a structure change. Photocopies are accepted. A missing, incomplete or inaccurate bond will cause the application to be deficient and delay processing https://www.dli.mn.gov/business/get-licenses-and-permits/surety-bonds

Certificate of Liability Insurance - Obtain from your insurance agent a certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements. Acceptable forms are the ACORD 25 (2010/05) or the DLI Certificate of Liability Insurance http://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-01H.pdf The certificate must show the legal business entity name as the insured. If using an assumed name, the insurance policy and the certificate must show the insured as the legal business entity's name and must include the assumed name as a DBA name (if applicable). A missing, incomplete or inaccurate certificate of liability insurance will cause the application to be deficient and delay processing. NOTE: Certificate holder must be Department of Labor and Industry, 443 Lafayette Road N, St Paul, MN 55155

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 must be completed by EVERY APPLICANT. http://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-04_workcomp.pdf

NOTE: Applications will not be approved and the license, 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 license granted when the licensee and/or applicant knowingly and willfully makes a false statement in any license application.

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DEPARTMENT OF LABOR AND INDUSTRY

Residential Roofer Contractor NEW LICENSE APPLICATION

☐ NEW ☐ Business Entity Change or Structure Change
(New license # will be issued.)
CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

License Fee $180.00

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.

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

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers **License 632422**	**STK** **License B42RCLIC**
☐ **PCK** ☐ **CCK** ☐ **MO**	**DLI Deposit Date**
NOTICE: 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:	

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. 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)

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

Specify the state business is organized in: _____

3. FEDERAL TAX ID NUMBER (FEIN) (Tax # call: 1-800-829-4933)	**MINNESOTA TAX ID NUMBER** (Tax # call: 651-282-5225)
If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.	**SOCIAL SECURITY NUMBER**

4. FULL LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP, FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT))

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

PHYSICAL ADDRESS (No PO Boxes)	**CITY**	**STATE**	**ZIP CODE**
BUSINESS MAILING ADDRESS (Public address –PO Boxes Accepted)	**CITY**	**STATE**	**ZIP CODE**

BUSINESS PHONE NUMBER (Public)	**OTHER TELEPHONE NUMBER**	**E-MAIL ADDRESS**

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 herby give consent to service of process as required by M.S. § 326B.855.

MINNESOTA REGISTERED AGENT NAME			
REGISTERED AGENT'S MINNESOTA ADDRESS	**CITY**	**STATE**	**ZIP CODE**
BUSINESS PHONE NUMBER (public)	**OTHER TELEPHONE NUMBER**	**E-MAIL ADDRESS**	

6. DO YOU HAVE EMPLOYEES? ☐ **YES** ☐ **NO**	**If Yes, UNEMPLOYMENT INSURANCE ACCOUNT NUMBER** (Unemployment # call: 651-296-6141)

7. QUALIFYING PERSON INFORMATION ***Search an individual's name on DLI website** https://secure.doli.state.mn.us/lookup/licensing.aspx

FULL LEGAL LAST NAME (including suffix Jr., Sr., I, II, etc.)	**FULL LEGAL FIRST NAME**		**MI**
RESIDENTIAL ADDRESS Public? ☐YES ☐NO	**CITY**	STATE	**ZIP CODE**
***QUALIFYING PERSON'S REGISTRATION #**	**DAYTIME TELEPHONE NUMBER**	**E-MAIL ADDRESS**	

This is to certify that the company making this application is in compliance with the provisions of Minn. Stat. §§ 326B.81 including:

(1) Compensation of any employee doing residential construction or remodeling work will be reported on an Internal Revenue Service W-2 form;

(2) All building permits and building permit applications will be obtain pursuant to local building permit requirements and include the issued license number and name shown on the contractor's license, and in a jurisdiction that has not adopted the State Building Code on the site plan review or zoning permit;

(3) All contracts to perform roofing work, for which a license is required, will be in the name shown on my Roofing Contractor license and include the issued license number;

(4) 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 contractor's license and include the issued license number;

(5) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of qualifying person, employment of others, or other information required on my application; and

(6) 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.

(7) This is to certify that I am or have in my employ a qualified person who will be actively responsible for the performance of all residential roofing in accordance with the requirements of M.S. § 326B.805

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 partnership then all partners must sign.

PRINT APPLICANT NAME	**APPLICANT SIGNATURE**	**TITLE**	**DATE**
PRINT APPLICANT NAME	**APPLICANT SIGNATURE**	**TITLE**	**DATE**

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

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DEPARTMENT OF LABOR AND INDUSTRY

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 nondesginated 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)	**LICENSE NUMBER**

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

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	**CITY**	**STATE**	**ZIP CODE**

BUSINESS TELEPHONE NUMBER	**EMAIL ADDRESS**

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 NUMBER	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 NUMBER)	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 NUMBER	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

DEPARTMENT OF LABOR AND INDUSTRY

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Qualifying Person Designation Form

License Type:

☐ **Residential Builder (BC)** ☐ **Residential Roofer (RR)**

☐ **Residential Remodeler (CR)**

☐ **CHECK BOX** if this is a Change of Qualifying Person. You must also complete the Application for Change of Qualifying Person Designation packet which includes the **Background Disclosure Form** and the **BCA Form** for the NEW Qualifying Person. This packet is located on our website at http://www.dli.mn.gov/sites/default/files/pdf/qp_register.pdf

The information you as an individual provide in this form will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; 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 form 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 registered, the information you provide, other than your non-designated address, becomes public data and may be released to anyone upon request.

QUALIFYING PERSON INFORMATION - The qualifying person is also responsible for taking **14 hours of CCLD-approved continuing education** which includes one hour of energy in order to renew the company's license every two years.
***QUALIFYING PERSON REGISTRATION NUMBER Search an individual's name on DLI website https://secure.doli.state.mn.us/lookup/licensing.aspx**

FULL LEGAL LAST NAME (including suffix Jr., Sr., I, II, etc)	**FULL LEGAL FIRST NAME**		**MI**
RESIDENTIAL ADDRESS	**CITY**	**STATE**	**ZIP CODE**
PUBLIC MAILING ADDRESS (if different from residential address)	**CITY**	**STATE**	**ZIP CODE**

SOCIAL SECURITY NUMBER	***QP REGISTRATION #**	**DAYTIME TELPHONE**	**E-MAIL ADDRESS**

BUSINESS LICENSE INFORMATION

LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

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

BUSINESS ADDRESS (PO Box must include street address)	**CITY**	**STATE**	**ZIP CODE**
CONTRACTOR LICENSE NUMBER	**BUSINESS TELEPHONE NUMBER**		

Are you the qualifying person for more than one business entity? ☐ **Yes** ☐ **No**

If you have checked "Yes" above, you must disclose the business entity for which you are the qualifying person.

LEGAL BUSINESS NAME (licensed by Department of Labor and Industry)	**LICENSE NUMBER**

For an individual to act as the QP for more than one entity there must be at least 25% common ownership among the entities. On the line below, provide the name of the individual or entity that owns at least 25% of the business entities for which you will act as QP:
PRINT NAME: _____

This is to verify that I am the designated qualifying person for the contractor named above pursuant to M.S. § 326B.805 and, as such, I have fulfilled the examination requirements; and shall fulfill the continuing education requirements on behalf of the licensed contractor; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, if I am not identified as an owner, partner, officer, or member of the contractor named above, I am a managing employee as required in M.S. § 326B.805, Subd. 4 who is regularly employed by the licensee and is actively engaged in the business of residential contracting, residential remodeling, residential roofing or manufactured home installing on behalf of the licensee.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.801 to 326B.89, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

SIGNATURE OF QUALIFYING PERSON (mandatory)	**DATE**

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DEPARTMENT OF LABOR AND INDUSTRY

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

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

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

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 contact, or conversion of funds? ☐ Yes ☐ No

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

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification
St. Paul, MN 55155

DEPARTMENT OF LABOR AND INDUSTRY

Email: DLI.license@state.mn.us
Website: www.dli.mn.gov
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Residential Roofer Surety Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	$15,000.00	

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 FIFTEEN THOUSAND DOLLARS ($15,000.00).

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 residential roofer with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapter 2891, as amended, for all residential roofing work 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 326B.86, subd. 1 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

_____
SIGNATURE OF ATTORNEY IN FACT
(SURETY COMPANY)

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

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 are 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 _____

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

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

Email: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: 651-284-5034

DEPARTMENT OF LABOR AND INDUSTRY

Certificate of Insurance
Covering General Liability and Property Damage

PRINT IN INK or TYPE. Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or Insurance company, not by the business/contractor.

Liability Insurance Coverage: This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.86, Subd. 2.

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)
Residential Roofer		

INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)

FROM (mm/dd/yyyy)

TO (mm/dd/yyyy)

DBA ("doing business as" or also known as an assumed name) (if applicable)

STREET ADDRESS (no PO Box)

CITY STATE ZIP CODE

☐ **Check - Mandatory**

Insurance policy meets the minimum statutory requirements.

STATUTORY REQUIREMENT

Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least $100,000 per occurrence, $300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least $25,000 or a policy with a single limit for bodily injury and property damage of $300,000 per occurrence and $300,000 aggregate limits. This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

MAILING ADDRESS (if different from above)

CITY STATE ZIP CODE

NAME OF INSURANCE COMPANY

NAIC ID

INSURANCE AGENT'S NAME (Print)

MN INSURANCE AGENT'S LICENSE NO.

☐ Resident
☐ Non-resident

NAME OF INSURANCE AGENCY/CO.

PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

INSURANCE AGENT'S SIGNATURE

DATE

Data Practices Notice
Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.

Cancellation
Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.

OFFICE USE ONLY
Date of DLI Receipt

Certificate Holder

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

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

DEPARTMENT OF LABOR AND INDUSTRY

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

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

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

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**

If you have questions about completing this form or to request this form in Braille, large print or audio.