Inspections
7800 Golden Valley Road, Golden Valley, MN 55427-4588
763-593-8090 | 763-593-3997 (fax) | TTY: 763-593-3968
www.goldenvalleymn.gov | inspectionsdept@goldenvalleymn.gov

city of golden valley

2015 Plumbing Registration Application

The following information is required. All applicants are subject to a 10-day approval period.
The undersigned hereby makes application to the City of Golden Valley, Hennepin County, Minnesota, for registration as indicated below, subject to the laws of the State of Minnesota and the ordinances of the City of Golden Valley, Minnesota.

BUSINESS OR TRADE NAME			
RESPONSIBLE INDIVIDUAL (AS IDENTIFIED TO D.L.I.)			
BUSINESS ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE	CELL PHONE	FAX	E-MAIL ADDRESS

STATE LICENSE NUMBER (provide a copy of your current state license)	Please indicate the last year you were registered with the City of Golden Valley:
NAME OF APPLICANT HOLDING STATE LICENSE	

REGISTRATION AND REQUIRED BONDS

TYPE OF REGISTRATION (check all that apply)	BOND REQUIRED	FEE
❒ **Plumbing** - General	$25,000 MN State Plumbing Bond and State License *(provide copies)*	$0
❒ **Utilities** *(sewer & water installations outside of structure)*	$25,000 MN State Plumbing Bond and State License or Pipe Layer Card *(provide copies)*	$0
❒ **Fuel Gas Piping** or **Pipe Fitting**	$25,000 MN State Mechanical Bond *(provide copy)*	$0

NOTE: Plumbing into the street or within the public right-of-way requires an additional permit issued by the City's Public Works Department.

CERTIFICATE OF INSURANCE

Renewals: _____ (indicate by initialing) I hereby certify the applicant was registered in the City of Golden Valley during the proceeding calendar year and the proof of insurance coverage has not changed. The authorized representative will forward a copy verifying coverage when the policy renews. (If the City does not receive confirmation of continued insurance coverage, this registration is null and void.)

ADDITIONAL PERSONS AUTHORIZED

Please list persons other than the registrant authorized to apply for permits under the applicant's license. Attach additional page if necessary.

SIGNATURE

APPLICANT'S SIGNATURE	DATE

Staff Use Only

REGISTRATION APPROVED BY:	DATE

This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

CERTIFICATE OF COMPLIANCE

Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182, requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. **This information will be collected by the licensing agency and retained in its files.**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a $2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

OPTION #1	OPTION #2
INSURANCE COMPANY NAME *(NOTE: **Not** the insurance agent/agency)*	I am not required to have worker's compensation liability coverage because: ❒ I have no employees. ❒ I am self-insured (include permit to self-insure). ❒ I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children, and certain farm employees).
WORKERS COMPENSATION POLICY NUMBER *(NOTE: **Not** General Liability Insurance Number)*	
DATE OF COVERAGE: TO	

MUST COMPLETE THE FOLLOWING ENTIRELY (regardless of option chosen above)

I certify the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

NAME (Last, First, Middle)			
DOING BUSINESS AS (Business name, if different than your name)			
BUSINESS ADDRESS			
CITY	STATE	ZIP	PHONE
SIGNATURE			**DATE**

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