



1245 West Hwy 96  
Arden Hills MN 55112  
Phone 651-792-7800 \* Fax 651-634-5137  
Email: CD@cityofardenhills.org

# 2026 City Contractor License (\$80 Fee)

2026 - \_\_\_\_\_

- License Type:  Commercial  HVAC/Mechanical (must attach a copy of current state surety bond)
- Sign Installation (must attach a copy of current state surety bond)
- Specialty (describe) \_\_\_\_\_

(All information requested is **required**)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Cell #: \_\_\_\_\_ MN Tax ID #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Required Submittals:

- **Payment of \$80** (enclose check or pay by credit card in person or payment link can be emailed to pay on line)
- **Attach a Certificate of Liability Insurance** 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.
- **Attach a Certificate of Worker's Compensation** to the minimum acceptable levels of the State of Minnesota.  
**OR: Sign Worker's Compensation Waiver:**

**Worker's Compensation Wavier**

If you are a sole proprietor and have chosen not to carry worker's comp, the following waiver must be signed: As a sole proprietor or partnership, I/we have chosen not to carry Worker's Compensation Insurance on myself/ourselves.

\_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Date

**NOTICES AND AUTHORIZATIONS.**

No work shall be done under this license until the insurance policies have been filed and approved by the City of Arden Hills Code Enforcement Division.

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the City of Arden Hills is required to provide to the Minnesota commissioner of Revenue the Minnesota business tax identification number and social security number of each applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- \* This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- \* Upon receiving this information, the City of Arden Hills will supply it only to the Minnesota Department of Revenue; however, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- \* Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

The above signed applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Arden Hills may from time to time prescribe. The above-named firm hereby applies for a license for the term of one year, this term beginning January 1st - December 31st (current calendar year) with the City of Arden Hills, Minnesota.



Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail, fax or mail completed and signed application to City of Arden Hills (details top of page)