



SIGN CONTRACTOR LICENSE APPLICATION

11955 Champlin Drive / Champlin, MN 55316 / Phone: 763-923-7102 / Fax: 763-421-5256 / www.ci.champlin.mn.us

FEE: \$20.00

INSURANCE (*Attach*)

RENEW

WORKMANS COMP (*Attach*)

NEW

YEAR: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

SIGNATURE: _____

YEARS IN BUSINESS: _____

MN BUSINESS ID # or SOCIAL SECURITY: _____

.....
LICENSE APPROVED: _____ **YES** _____ **NO**

SIGNATURE: _____

Authorizing Agent