

Certificate of Exemption Application Checklist

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

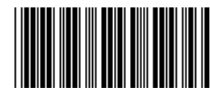
Residential Building Contractor Residential Remodeler / Residential Roofer

INCOMPLETE OR INACCURATE APPLICATION FORMS WILL DELAY PROCESSING

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

- License Fees \$15.00** (fee set in Minnesota Statute 326B.805, Subd. 6 and Minnesota Statute 326B.092)
- Residential Certificate of Exemption Application Form**
- Affidavit in Support of Certificate of Exemption Application**
Attached an original signed and notarized Affidavit in Support of Certificate of Exemption Application. On behalf of the applicant, an owner, partner, member, or corporate officer identified on the attached disclosure of business owners, partnership, members, and officers' form must sign the Affidavit in Support of Certificate of Exemption Application. Through a signed and notarized affidavit, the applicant certifies under oath acceptance of the requirements and limitations associated with a certificate of exemption.
- Minnesota Secretary of State (SOS) Registration / Assumed Name Verification**
Verification may be available by completing an entity search on line at: www.sos.state.mn.us or you may contact the MN Secretary of State to request verification at 651-296-2803. **(NOTE: No SOS registration is necessary for an individual proprietorship/partnership operating under their full legal name(s))**
- Disclosure of Business Owners, Partners, Officers and Members Form**
All shareholders owning more than 10 percent of the outstanding stock in the company 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.
- BCA 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.
- Workers' Compensation Certification of Compliance Form**
Complete the form fully even if you have no employees. Failure to include a fully completed form shall delay application processing.
- Mail Completed Application Forms to:**
Minnesota Department of Labor & Industry
Attn: Financial Services / Residential
PO Box 64217
St. Paul, MN 55164-0217

This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198



CC0501

Residential Building Contractor / Residential Remodeler / Residential Roofer
CERTIFICATE OF EXEMPTION APPLICATION

E-mail: DLI.License@state.mn.us
 Web Site: www.dli.mn.gov
 Phone: (651) 284-5034

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

Renewal New **Business Structure Change**
(New certificate # will be issued)

Fees = \$15

CERTIFICATE FEES ARE NONREFUNDABLE

Depositing of a certificate fee does not constitute granting of the exemption certificate applied for.

- Residential Building Contractor
- Residential Remodeler
- Residential Roofer

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

SPACE IN BOX FOR OFFICE USE ONLY			
Account # 632422		STK B42RCLIC	
Check Number		Amount Paid	
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> 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:		CERTIFICATE 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 certification 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 your certificate is issued, 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"/> Individual (sole proprietor)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other (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)
If the applicant is an individual (sole proprietor) or a one-member limited liability company the applicant must provide a Social Security Number.		Social Security Number

3. LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used – See Instructions)

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

Second page must be completed and signed by applicant

5. BUSINESS TELEPHONE NUMBER	6. OTHER TELEPHONE NUMBER	7. E-MAIL ADDRESS			
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8. PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	COUNTY
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9. BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	COUNTY
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10. All applicants must provide the name and address of a registered agent in this state authorized to receive service of process and by signing this application hereby give consent to service of process as required by M.S. § 326B.855

REGISTERED AGENT NAME	REGISTERED AGENT ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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11. Do you have employees? **Yes** **No** You must also complete the worker's compensation Certificate of Compliance form located on our website at www.dli.mn.gov

12. Affidavit in Support of Certificate of Exemption Application

Attached an original signed and notarized Affidavit in Support of Certificate of Exemption Application. On behalf of the applicant, an owner, partner, member, or corporate officer identified on the attached disclosure of business owners, partnership, members, and officers' form must sign the Affidavit in Support of Certificate of Exemption Application. Through a signed and notarized affidavit, the applicant certifies under oath acceptance of the requirements and limitations associated with a certificate of exemption.

13. Declarations

This is to certify that the company making this application as a residential building contractor, residential remodeler, or residential roofer claims an exemption from licensure pursuant to Minnesota Statutes § 326B.805. Subd. 6(5), because it does not expect to exceed \$15,000 in gross annual receipts derived from its contracting, remodeling or roofer activities during this calendar year.

I understand a certificate of exemption shall not be issued unless and until a signed and notarized Affidavit in Support of Certificate of Exemption Application is filed with the application, which shall be signed by an identified owner, partner, member, or corporate officer.

I understand that a Certificate of Exemption must be applied for each year and that this certificate expires March 31 of each year.

I understand that if I exceed \$15,000 in gross annual receipts, regardless of where the activities are performed, during any calendar year, that I must immediately surrender the Certificate of Exemption and apply for the appropriate license.

I understand that if I am exempt from the licensure requirements, I may be required by a municipality to obtain a local license prior to becoming eligible to obtain a building permit.

I understand that a Certificate of Exemption is NOT a license and that I am prohibited from advertising as a licensed contractor unless I or my company holds a municipal license.

I understand that I am required and may be requested to provide the Department of Labor and Industry with additional information to verify qualification for this exemption.

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 a partnership, then all partners must sign below.

APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	DATE

This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198



CC0528

State of Minnesota)
) ss.
County of _____)

**AFFIDAVIT IN SUPPORT OF
CERTIFICATE OF
EXEMPTION APPLICATION**

_____, being sworn/affirmed under oath, hereby states and avers:
(applicant)

1. I am the _____ of _____, a business engaged
(title) (business name)
in the trade of residential building contracting, residential remodeling, or residential roofing in the state of Minnesota and submit this Affidavit in support of my application for a Certificate of Exemption issued by the Minnesota Department of Labor and Industry pursuant to Minnesota Statute Section 326B.805, subd. 6(5);
2. I do not expect my company to exceed \$15,000.00 in gross annual receipts derived from residential building contracting, residential remodeling, and/or residential roofing activities during this calendar year;
3. I understand that “gross annual receipts” is defined in Minnesota Statute Section 326B.802, subd. 3, as the total amount derived by my company from residential building contracting, residential remodeling, and residential roofing activities, regardless of where the activities are performed, and may not be reduced by the cost of goods sold, expenses, losses, or any other amount;
4. I understand that I must renew the Certificate of Exemption each year and that it expires on March 31st of each year; and
5. I understand that if my company exceeds \$15,000.00 in gross receipts during any calendar year, I must immediately surrender the Certificate of Exemption and apply for the appropriate license to further conduct any residential building contracting, residential remodeling, or residential roofing activities in the state of Minnesota.

FURTHER YOUR AFFIANT SAYETH NOT

Dated: _____

Affiant’s Signature

Sworn/affirmed before me this
_____ day of _____, 20_____.

Notary Public

(Notary Seal)



E-mail: DLI.BusinessLicense@state.mn.us
 Web Site: www.dli.mn.gov/ccld.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 are licensed, 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.

If the business is an individual, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members owning 10 percent or more of the company, must be completed on this form. Please copy this form if you need additional space.

LEGAL NAME OF BUSINESS (Individual name only if no company name is used) **LICENSE/REGISTRATION #**

ASSUMED NAME - DBA (doing business as or assumed name) (if applicable)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
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LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)

LAST NAME (include suffix)	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? 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)	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? Yes No **If yes, you must provide a designated (Public) address.**

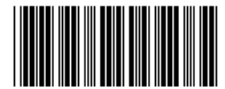
DESIGNATED (Public) ADDRESS		CITY	STATE ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)		TITLE (owner, partner, officer, or member, etc...)		DATE

LAST NAME (include suffix)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)	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

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E-mail: DLI.License@state.mn.us
 Web Site: 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

- 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 contract, 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
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This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

BCA FORM
Bureau of Criminal Apprehension
Criminal Background Check



CC0514

PRINT IN INK or TYPE your responses

THIS FORM MUST BE COMPLETED AND SIGNED BY THE QUALIFYING PERSON. THE DEPARTMENT OF LABOR AND INDUSTRY REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.

TO: Bureau of Criminal Apprehension

RE: Request for criminal background check

PROVIDE QUALIFYING PERSON'S COMPLETE LEGAL NAME

LAST NAME (if legal list name is hyphenated, enter both names here)

FIRST NAME

MIDDLE NAME

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LIST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY

NAME OF THE COMPANY

COMPANY'S ASSUMED NAME (if applicable)

COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER

YOUR TITLE OR POSITION IN THE COMPANY

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and my company have made application to the Minnesota Department of Labor and Industry for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.

SIGNATURE OF QUALIFYING PERSON (mandatory)

DATE

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

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

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.