



2026 PLUMBING, MECHANICAL, AND GAS FITTER REQUIREMENTS

Name/DBA: _____

Business Address: _____

Business Phone: _____ **Cell:** _____

Business Fax: _____

Email: _____

GAS FITTER REQUIREMENTS

- A current public liability insurance certificate of \$100,000 per person and \$300,000 per accident for bodily injury and \$100,000 for property damage. (Enclose a current certificate)
- Proof of \$25,000 bond with the Department of Administration as required by Minnesota Statute 326.992
- Certificate of Compliance, Minnesota Worker’s Compensation Law form completed annually
- A \$35.00 processing fee

HEATING REQUIREMENTS

- Proof of \$25,000 bond with the Department of Administration as required by Minnesota Statute 326.92

PLUMBING REQUIREMENTS

- Minnesota plumbing license, the City must have a copy of the Master Plumber license for 2021. (Enclose a copy of the Master Plumber License card)
- Proof of \$25,000 plumbing bond

REMINDER: No permits or inspections will be issued until all current requirements are met.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____



(GAS FITTER REQUIRED)

**Certificate of Compliance
Minnesota Workers' Compensation Law
THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

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.

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 CODE
COUNTY	EMAIL 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 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the 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. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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***Please submit the completed application to maeghanb@albertvillemn.gov**