
NEW LICENSE

RENEWAL LICENSE
APPLICATION # _____



DATE RECEIVED _____
RECEIPT NUMBER _____
AMOUNT PAID _____

**APPLICATION FOR HEATING, VENTILATING & AIR CONDITIONING
CONTRACTOR'S LICENSE**

COVERING THE PERIOD OF JANUARY 1, 20 ____ THROUGH DECEMBER 31, 20 ____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name of Applicant:		
Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	Other Phone:
Social Security Number:	Federal Tax Number:	State Tax Number:
Name of Business:		
Business Address:		
City:	State:	Zip:

The following items must be completed and/or accompany the application

1. Check the classifications of work applied for under this license.

- | | |
|---|--|
| <input type="checkbox"/> Warm Air Heating Systems | <input type="checkbox"/> Refrigeration & Air Cooling systems |
| <input type="checkbox"/> Hot water & Low Pressure Steam Heating Systems | <input type="checkbox"/> Gas Piping |
| <input type="checkbox"/> Electric Heating Systems | <input type="checkbox"/> Factory Built Fireplaces, Stoves & Chimneys |
| <input type="checkbox"/> Ventilating Systems | |

2. An applicant for contractor's license shall be or have in his/her full-time employment a Master Installer duly and currently licensed by the City of Rochester in the work classifications for which the Contractor's License is applied for. List individuals below:

Warm Air Heating Systems

Name: _____ Competency Number: _____

Hot Water & Low Pressure Steam Heating Systems

Name: _____ Competency Number: _____

Electric Heating Systems

Name: _____ Competency Number: _____

Ventilating Systems

Name: _____ Competency Number: _____

Refrigeration & Air Cooling Systems

Name: _____ Competency Number: _____

Gas Piping

Name: _____ Competency Number: _____

Factory Built Fireplaces, Stoves & Chimneys

Name: _____ Competency Number: _____

3. License Fee - \$75.00 Per Year
\$90.00 (late renewal after December 31)

4. Proof of \$25,000.00 State HVAC Bond

5. If employer, insurance certificate showing proof of worker's compensation coverage (Minnesota Statue 176.182)

Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4th Street SE, Rochester, MN 55904.

I hereby certify that the information provided herein is true and correct to the best of my knowledge and Belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Signature of Applicant _____ Date of application _____

Please visit our website at www.rochestermn.gov for the Ordinance related to master installers

FOR OFFICE USE ONLY

Building & Safety Approval _____ Date _____

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk’s Office, Room135, City Hall, Rochester, Mn. 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant