

ROCHESTER



Minnesota

Office of the City Clerk

HVAC CONTRACTOR LICENSE APPLICATION

[Rochester Code of Ordinances, Chapter 53](#) applies to Heating, Ventilating, and Air Conditioning (HVAC) licenses, and requires anyone engaged in the business of a contractor to be licensed to do so by the City.

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$75, and is not prorated. If you are renewing a license and submit your application for the next year after Dec. 31, the fee increases to \$90. Required fees must be paid at the time an application is submitted.

Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:

Register for a Public User Account (video)

<https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

Applying for a License (PDF)

<https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1.** Fully complete all parts of the application and submit **ALL** pages including this checklist (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
 - License Application must be signed by the applicant or an owner/applicant/officer
 -
- 2.** Licensed Master Installer(s) employed full time by the contractor for each work classification being applied for
 - Each Master Installer has a certificate of competency from the City of Rochester
 - Each Master Installer has a license - or is applying at the same time for a license – from the City of Rochester
- 3.** License fee of \$75 submitted with the application
 - License fees are not prorated regardless of when issued during the course of the calendar year.
 - Renewal applications submitted after Jan. 1 of the license year incur a \$15 late fee, for a total license fee of \$90 (First time applications are always \$75 regardless of when submitted)
- 4.** Proof of \$25,000 HVAC State Bond (does not require original bond, but must provide proof of current bond)
- 5.** Proof of worker's compensation insurance as required by Minn. Stat. §176.182, unless applicant is exempt from the requirement. Just providing the policy number is not sufficient without proof of coverage.

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 6.** Review of the application by City Clerk staff to ensure completeness
- 7.** Review of the application by Building Safety Inspector to verify licensure with the City of master installer(s)
- 8.** Confirmation that all requirements of [RCO 85.25](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter

- 9. Approval of the license application by the City Council
- 10. Issuance of license once all other steps are complete (YOU ARE NOT LICENSED UNTIL YOU HAVE A CERTIFICATE)

| | | | |
|--|---|--|---|
| Fill in all blanks. Write N/A if a question is not applicable. | | | |
| Licenses run on the calendar year, expiring on Dec. 31, and are not prorated. | | | |
| Calendar Year Applying for: | | | |
| <i>If you are applying after Oct. 1 for the current year, would you also like to apply to renew this license for the following year at the same time?</i> | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, one application can be submitted, but you will need to pay the license fee for each year | | | |
| Is this a renewal of an existing or previous license with the City of Rochester? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| STEP 1. APPLICANT INFORMATION | | | |
| Information about who is completing this application | | | |
| 1. First Name | | 2. Last Name | |
| 3. Primary Telephone Number | 4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | 5. Alternate Phone Number | 6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other |
| 7. Email Address | | | |
| 8. Mailing Address | | 9. City | 10. State |
| | | 11. Zip Code | |
| 12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address | | 13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____ | |
| Information about primary point of contact for this license (if different than above) | | | |
| 14. First Name | | 15. Last Name | |
| 16. Primary Telephone Number | 17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | 18. Alternate Phone Number | 19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other |
| 20. Email Address | | 21. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____ | |
| License Holder Information | | | |
| Provide information about who this license will be issued to | | | |
| 22. Business Federal Tax ID Number | | 23. Business State Tax ID Number | |
| 24. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual) | | 25. Business Trade Name (DBA) if different than legal name | |
| 26. Business Address | | 27. City | 28. State |
| | | 29. Zip Code | |

STEP 2. BUSINESS INFORMATION

Additional Business Applicant Information

| | | | |
|---|---|-----------|-----------------------|
| 30. Local Business Address where business may be transacted (IF DIFFERENT THAN BUSINESS ADDRESS ABOVE) | 31. City | 32. State | 33. Zip Code |
| 34. Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other_____ | 35. Date of Incorporation/ Organization | | 36. State of Inc./Org |
| 37. Role of Person Completing Application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Other_____ | 38. Role of Primary Contact Person: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Other_____ | | |

39. An applicant for a contractor’s license must have in full time employment a Master Installer with a current license from the City of Rochester in the work classifications being applied for. Please check each classification being applied for and indicate the name of the individual holding a master installer license for each one checked.

Warm Air Heating Systems _____

Hot Water & Low Pressure Steam Heating Systems _____

Electric Heating Systems _____

Ventilating Systems _____

Refrigeration & Air Cooling Systems _____

Gas Piping _____

Factory Built Fireplaces, Stoves and Chimneys _____

40. Has the applicant or anyone associated with this application ever had a contractor or similar HVAC license suspended by any municipality or state authority?

Yes No

If Yes, attach an additional sheet including a full explanation of the circumstances.

STEP 3. BUSINESS DATA

Worker’s Compensation Insurance

| | | |
|-------------------------------|---------------|-------------------|
| Workers’ Compensation Company | Policy Number | Dates of Coverage |
|-------------------------------|---------------|-------------------|

OR:

I certify that I am not required to carry workers’ compensation insurance because:

I am self-insured.

I am the sole proprietor and I have no employees.

I have no employees who are covered by workers’ compensation law. Only employees who are specifically exempted by statute are not covered by workers’ compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

STEP 4. DOCUMENTS TO ATTACH

- Proof of current \$25,000 HVAC State Bond
- Proof of Workers Comp insurance, if required
- Detailed explanation of any prior related license suspensions or revocations

STEP 5. PAYMENT

SUBMIT THE REQUIRED LICENSE FEE WITH THIS APPLICATION

License fees are not prorated, and cover the current year expiring on Dec. 31.

ANNUAL LICENSE FEE FOR THE PERIOD OF JAN. 1- DEC. 31:

\$75

ADD:

\$15 Late Fee for *renewals* submitted on or after Jan. 1 of the license year

Total paid: _____

STEP 6. NOTIFICATION AND VERIFICATION

Notice of Collection of Private Data

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number), or a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office. I certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief, and further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Date _____