CITY OF SAUK RAPIDS
Application for Gas Installers License

Company: _____
Attention: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-mail: _____
To: City Administrator

I hereby make application for the annual **GAS INSTALLERS LICENSE** below.

Date:_____ Applicant Signature:_____

Gas Installers Fee: **$85.00 Master**

I have enclosed the required information needed to apply for the Gas Installers License.

_____Copy of $25,000 State of Minnesota Bond
_____100/300/100 Certificate of Insurance
_____Notice of MN Tax ID

Please do not submit your application until you have received/collected all of the required information needed.

Notes to Applicants:

All Applicants must fill out **"PROOF OF WORKERS COMPENSATION INSURANCE COVERAGE"** form (attached). Please include all bonds and/or certificates with this completed application.

INCOMPLETE APPLICATIONS WILL NOT BE ISSUED LICENSES

The City of Sauk Rapids does not discriminate on the basis of race, color, creed, or disability status in admission to, or treatment of employment in its programs and activities. The City of Sauk Rapids request that all contractor/vendors are aware of and in compliance with the requirements of the American Disabilities Act and its regulations.

To keep the continuity of your license please return the completed application and fee to City