

Return to : City of Sauk Rapids  
250 Summit Ave N  
Sauk Rapids, MN 56379  
Phone (320) 258-5300  
Fax (320) 258-5359

## **CITY OF SAUK RAPIDS**

### **Application for Plumbing License**

Company: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

To: City Administrator

I hereby make application for the annual **PLUMBING LICENSE** below.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Plumbers License Fee: **\$110.00**

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

\_\_\_\_\_ Notice of MN Tax ID  
\_\_\_\_\_ \$25,000 Bond or \$25,000 State Bond (Plumbing Contractor Certificate)  
\_\_\_\_\_ Copy of State Plumbers License  
\_\_\_\_\_ Certificate of Insurance  
\_\_\_\_\_ is currently at City Hall/will be faxed

**Please DO NOT submit your application until you have received/collected ALL of the required information needed.**

**\*incomplete applications will be returned**

#### 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 requests 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 Hall