



**Office Use Only**

Date Received: \_\_\_\_\_

Staff Receiving: \_\_\_\_\_

Application Number: \_\_\_\_\_

## HVAC CONTRACTOR LICENSE NEW & RENEWAL APPLICATION

Rochester Code of Ordinances [Chapter 4-3](#) and [Chapter 4-4](#) 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. 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 Public User Account (video):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

**Applying for a New License (PDF):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

**Submitting a License Renewal (PDF):** <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

## CHECKLIST

### 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 for each work classification needed from the City of Rochester
  - Each Master Installer has, or is currently applying for, a license from the City of Rochester
3. License fee of \$112 submitted with the application
  - License fees are not prorated regardless of when issued during the course of the calendar year.
  - Renewal applications not submitted by Dec. 31 will incur a 50% expired license fee.
  - All fees are non-refundable, except in the case where the applicant chooses to withdraw their application within 14 days of submission.
4. Proof of \$25,000 Mechanical Contract Bond (does not require original bond but must provide proof of current bond). **Please make sure the bond has been properly filed with the Minnesota Department of Labor and Industry:** <https://ims.dli.mn.gov/ims>
5. Proof of worker's compensation insurance as required by Minn. Stat. §176.182, unless applicant is exempt from the requirement. Please make sure the certificate includes the following information.
  - **Certificate holder: City of Rochester, 201 4<sup>th</sup> St SE, Rochester, MN 55904**
  - **Correct business name, business structure, and business address**
6. If this is not a sole proprietorship, ensure that the business is [registered with the Minnesota Secretary of State](#)

**Fill in all blanks. Write N/A if a question is not applicable.**

***If you are applying after October 1 for the current year, would you also like to apply to renew this license for the following year at the same time?***

YES (if yes, one application can be submitted, but you will need to pay the license fee for each year)

NO

**Is this a renewal of an existing or previous license with the City of Rochester?**

YES

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**

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. What is your preferred spoken language?		21. What is your preferred written language?	
22. Do you need an interpreter? Yes                  No			
23. Email Address		24. 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**

25. Business Federal Tax ID Number		26. Business State Tax ID Number		
27. 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)		28. Business Trade Name (DBA) if different than legal name		
29. Business Address		30. City	31. State	32. Zip Code

**STEP 2. BUSINESS INFORMATION**

**Additional Business Applicant Information**

33. Local Business Address where business may be transacted (IF DIFFERENT THAN BUSINESS ADDRESS ABOVE)	34. City	35. State	36. Zip Code
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37. 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 _____	38. Date of Incorporation/ Organization	39. State of Inc./Org
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40. 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	_____

41. 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 (if yes, attach an additional sheet including a full explanation of the circumstances)

NO

**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. 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 <https://service.govdelivery.com/accounts/MNROCH/subscriber/new> 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 \_\_\_\_\_