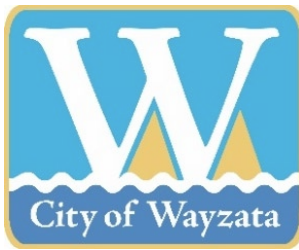


GAS FITTERS LICENSE | APPLICATION INFORMATION

- All Gas Fitters Licenses are valid for one year and shall **expire each year on December 31st**.
- An application & application fee are required for each individual applicant wishing to obtain “Gas Fitters License”
- A Gas Fitters License must be approved prior to any work.
- **Wayzata City Code § 517.02:** Except for duly licensed Journeymen Gas Fitters working under the immediate supervision and control of a licensee hereunder, no person shall install, alter, or repair any gas piping for illumination or fuel gas or install, alter, repair, or service any gas burning device or gas burning equipment within the City without first having been issued an appropriate license.
- **Notice Regarding Proposed City Ordinances:** The City of Wayzata distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the City’s electronic notification system at the City’s website at www.wayzata.org and click on the subscriptions button under agenda and minutes. This would include getting notifications of any proposed ordinances at least ten days before the City Council of Wayzata conducts a final vote on the proposed ordinance.

Please complete & submit the following to Wayzata City Hall:

- 2026 Gas Fitters License Application form*
- Minnesota Mechanical Bond Certificate (copy)*
- Certificate of Competency Card-* issued by another City which does testing (copy)
- Data Practice Advisory- Tennesen Warning form*
- Minnesota Business Tax Identification Law & Workers Insurance Coverage Law-* State required form
- Certificate of Liability Insurance-* showing coverage for bodily injury (\$50,000 each person, \$100,000 each accident) and for property damage (\$300,000 per occurrence)
- Application Fee*
 - Credit card- 3% credit card convenience fee applied at time of payment.
 - Check- make check payable to the “City of Wayzata”.
 - Cash



2026 Gas Fitters License Application

INFORMATION REGARDING THE COMPANY	
Company Name	
DBA / Trade Name	
Address, City, State, and Zip	
Company Phone Number	
APPLICANT INFORMATION	
Legal Name	
Phone Number	
Email Address	
BILLING INFORMATION, LICENSES, NOTICES & RENEWALS SHOULD BE SENT TO	
Company Name	
Attention To	
Address, City, State, and Zip	
Phone Number & Email Address	
FEE INFORMATION	
Gas Fitters Application Fee	<u>\$93.00</u>
<p>I, (WE) THE UNDERSIGNED, HAVE COMPLIED WITH ALL REQUIREMENTS OF THE CITY CODE OF THE CITY OF WAYZATA NECESSARY FOR OBTAINING THIS LICENSE. NOW, THEREFORE, I (WE) HEREBY MAKE APPLICATION TO OPERATE THE ABOVE NAMED ESTABLISHMENT SUBJECT TO ALL CONDITIONS AND PROVISIONS OF THESE ORDINANCES.</p> <p>Notice Regarding Proposed City Ordinances: The City of Wayzata distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at www.wayzata.org, and click on the subscriptions button under agendas and minutes. This would include getting notifications of any proposed ordinances at least ten days before the city council of Wayzata conducts a final vote on the proposed ordinance.</p>	
_____	_____
Signature	Date

Print Name and Title	

► **MINNESOTA BUSINESS TAX IDENTIFICATION LAW**

Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4. All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

Applicant's name (LAST, first, middle initial)				*Social Security Number	
Home address		City	State	Zip code	Phone number
Business name			Type of license applied for:		
Business address		City	State	Zip code	Phone number
Minnesota Tax Identification Number (or explain why you don't have one)				Federal Tax Identification Number	

*If company stock is publicly exchanged, you may omit submitting this Social Security information.

► **WORKERS' COMPENSATION INSURANCE COVERAGE LAW**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Worker's Compensation Insurance Company Name (not agent's name):	Policy Number:	Dates of coverage: From To
OR, I certify that I am not required to carry worker's compensation insurance because (check one):		
<input type="checkbox"/> I am the sole proprietor and have no employees <input type="checkbox"/> I am self insured (For this category, you must include a copy of the permit to self-insure.) <input type="checkbox"/> I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: spouse, parents, children – regardless of age, and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.)		

► I certify that all information provided above is accurate and complete. I also certify that a valid workers' compensation policy will be kept in effect at all times, as required by law.

Signature: _____ Date: _____

DATA PRACTICES ADVISORY TENNESSEN WARNING – PERMITS AND LICENSES

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Wayzata City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. § 13.41, subd. 2; Minn. Stat. § 13.37, subd. 1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Wayzata may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Certification: I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Wayzata.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

Signature

Date

Print Name

Print Title

Establishment Name (DBA) or Trade Name