



Sign Contractors License Application

Building Inspection Division

A city Sign Contractor's License is required to be engaged in the business of installing, erecting, constructing, placing, maintaining, renting, leasing or removing signs within the City of Plymouth. **The annual (January 1 – December 31) license fee is \$75.00 and can only be paid by check.**

THE CITY CODE REQUIRES THE FOLLOWING:

1. Sign Contractor License Application.
2. Completed Proof of Workers' Compensation Insurance Coverage form.
3. Certificate of Workers' Compensation Insurance.

These items should be submitted with the \$75.00 license fee to the City of Plymouth Building Division, 3400 Plymouth Boulevard, Plymouth, MN 55447. Failure to do so will restrict you from obtaining any further permits in the City of Plymouth. **Any incomplete applications will be returned to your office.**

Sign Regulations, Section 21155 of the Zoning Ordinance, can be viewed at the City's website at www.plymouthmn.gov. If you have any questions, please contact the Building Division at 763-509-5430.

Sincerely,

A handwritten signature in black ink that reads 'Tyson Jenkins'.

Tyson Jenkins
Building Official
City of Plymouth



Sign Contractors License Application

1. Applicant's Name: _____
2. Business Name: _____
3. Business Address: _____
4. Business Telephone Number: _____
5. Email Address: _____
6. Owner's Name, if different than applicant: _____
 - A. If partnership, names and addresses of partners: _____

 - B. If corporation, names and addresses of partners: _____

7. Location of sign structures owned and/or rented by applicant and/or owner in City of Plymouth: _____

8. Names of persons authorized to apply for and secure sign permits: _____

9. The undersigned applicant hereby declares the facts and representations made herein and in required supporting materials are true and correct; and further declare that no work requiring a license and permit will be undertaken prior to the issuance of the license permit.

Applicant Signature: _____

Title: _____ Date: _____

Attach the following:

1. Completed Proof of Workers' Compensation Insurance coverage form.
2. Certificate of Workers' Compensation Insurance.

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number and the dates of coverage or the permit to self-insure.

This information is required by law and license and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if the required information is not provided and/or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry. This information will be collected by the city and retained in the files.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

Provide the information specified above in the spaces provided or certify the precise reason your business is excluded from compliance with the insurance coverage requirements for workers' compensation.

Insurance Company Name: _____
(NOT the Agency or insurance Agent)

Policy Number: _____

Dates of Coverage: _____

If self-insured, attach a copy of the permit to self-insure.

I am not required to have workers' compensation liability coverage because:

- ☐ I have no employees covered by the law.
- ☐ I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- ☐ Other (specify): _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND COMPLETE. IF I AM SIGNING ON BEHALF OF A BUSINESS, I CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THE BUSINESS.

Signature

Position (Officer, Partner, etc.)

Date

NOTE: If your workers' compensation policy is canceled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.