

**CITY OF DEEPHAVEN
20225 COTTAGEWOOD ROAD
DEEPHAVEN MN 55331
(952) 474-4755**

2008 APPLICATION FOR SEWER CONTRACTORS LICENSE

I/We the undersigned hereby make application for a Sewer Contractors License for a period of one year ending December 31, 2008.

REQUIREMENTS:

1. Application [Below]
2. Certification of Compliance Minnesota Worker's Compensation Law [Form Enclosed]
3. Insurance: Certificate must name the City as insured.
\$ 50,000.00 Per Person
\$100,000.00 Per Occurrence
\$ 10,000.00 Property Damage
4. Bond: \$2,000.00 bond or a copy of State Bond
5. Fee: \$20.00

Company Name _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Applicant's Social Security Number _____

Minnesota Tax Identification Number _____

If a Minnesota Tax Identification Number is not required for the business being operated, indicate that by placing An X in the box.

Applicant's Signature _____

Title _____

OFFICE USE ONLY

Receipt Number _____

License No. _____