

APPLICATION

for

Drain Layer's License

April 30, 2015 through April 30, 2016

TO THE CITY ENGINEER OF THE CITY OF WINONA, MINNESOTA:

I hereby make application for a Drain Layer's License to construct, alter and repair water, sanitary and storm sewer services in the City of Winona right-of-way.

Company (*List Official Name*)

President (*Owner's Name*)

Street Address

PO Box

City

State

Zip

Phone

Fax

e-mail

Note: Individuals who are d/b/a need to attach a State of MN certificate to this application.

Licensed Master Plumber Information:

Person Holding Master Plumber's License

Mobile Phone #

Master Plumber's License Number

Expiration Date

Signature of Licensed Master Plumber

Application must be accompanied by a Bond to the City of Winona, on the City of Winona's Bond form, in the amount of ten thousand dollars (\$10,000), a certificate of insurance in the minimum amount of one million five hundred thousand dollars (\$1,500,000) naming the City of Winona as additional insured, completed and signed workers' compensation card, and the license fee of twenty-five dollars (\$25.00) payable to the City of Winona.

(To be completed by City personnel)

Fee Paid (\$25.00): Receipt No. _____ Date: _____

Insurance Certificate: Effective _____

I hereby approve the granting of the above license.

Brian DeFrang, City Engineer

Date

Contractor # _____