



FOR MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

**License Application to conduct the business of GAS FITTING within the City of Crookston**

Please complete and return the following Information to the City Clerk's Office.

- Fee of **\$200.00**
- Certification of Compliance, MN Workers' Compensation Law Form
- Certificate of Insurance

Business Owners Last Name	First Name	Middle Int.	Applicant's Minnesota tax ID Number
Business Legal Name			Federal Employer ID number (FEIN)
Business Trade Name (doing business as)			Daytime Phone
Complete address of business location (permanent location)			Other Phone Number:
City	State	Zip	Fax Number:
Mailing address if different than business address			Email:

I herewith make application for a license to conduct the business of GAS FITTING within the City of Crookston and to make connections with the gasmains of said city and to do any and all gas fitting work I may be employed to do, in accordance with the ordinances of said City regulating the same.

Signature	Date
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