



CITY OF
CHASKA

CONTRACTOR REGISTRATION FORM

Contractor Business Name: _____

Contractor Business Name is the name registered with the Department of Labor and Industry for the license/registration/bond.

License/Registration/Bond Number 1: _____ Expiration Date: _____

License/Registration/Bond Number 2: _____ Expiration Date: _____

License/Registration/Bond Number 3: _____ Expiration Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Email: _____ Phone: _____

Please list any additional contacts below:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

 DEPARTMENT OF LABOR AND INDUSTRY		
LICENSE/CERTIFICATE/REGISTRATION DETAIL		
Class Type:	RESIDENTIAL BLDG CONTRACTOR	Number: BC123456
Application No:	123456	Status: ISSUED
Expire Date:	3/31/2023	Effect Date: 1/14/2022
Orig Date:	1/14/2022	Print Date: 1/17/2022
Enforcement Action:	NO	
Workplace Experience:	N/A	
EXAMPLE		
Legal Contractor Business Name		
Name:	ABC CONSTRUCTION LLC	
Address:	123 ABC ST Chaska, MN 55318	
Phone:	555-555-5555	