



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9040
Web: www.stpaul.gov/dsi

SECOND REQUEST

Date: 8-18-2011
License #: 20100005226
Licensee: Dean's Professional Plumbing
License Type(s): House Sewer Contractor

Your license has been placed on hold until the following requirements are met:

- Submit the state Certificate of Compliance – Minnesota Workers' Compensation Law form.
- Pay your license renewal fee of \$_____. And, late fee charges of \$_____.
Total license renewal due is \$_____.
- Submit a current certificate of insurance:
 - Coverage Period: _____ through _____
The policy expiration date must coincide with the license expiration date or be filed as "continuous until canceled" as per Saint Paul Legislative Code Chapter 310, Section 310.07(d).
 - We require at least 30 days notice of cancellation of the insurance policy as per Saint Paul Legislative Code Chapter 7, Section 7.06.
 - We require the City of Saint Paul be named as an additional insured. (Note: Naming the City of Saint Paul as certificate holder does not meet this requirement.)
 - We require proof of liability: general / auto / professional / liquor or waiver letter
The minimum limits of liability is _____.
 - The licensed business name must be listed as the insured's name. The licensed business name is _____.
 - The licensed business address must be listed at the insured's address. The licensed business address is _____.
- Submit a current original Uniform license & permit bond in the amount of \$ 10,000.
Attach a valid Power of Attorney.

Additional requirements: _____

Please respond by 9-1-2011. If there is no response, this office will begin the adverse action process to suspend your license until all requirements are met. You have the opportunity to appeal the City's decision through this proceeding.

If you have any questions regarding this matter, please contact Laura at 651-266-9102.