

Enclosed is an application form for TREE TRIMMING CONTRACTOR'S license in the City of Coon Rapids during the license year 2020.

PLEASE NOTE:

Companies that provide tree care or tree trimming services and/or who remove trees, limbs, branches, brush or shrubs for hire are **required** by Minnesota Statutes Chapter 18G.07 to register in Minnesota's Tree Care Registry. The Minnesota Department of Agriculture (MDA) uses this list to keep tree care companies updated on the latest news regarding regulated plant pests in Minnesota. You may register on-line at www2.mda.state.mn.us/webapp/erenewal/apply.jsp or contact the MDA at 651-201-6611 or email MDA.TCR@state.mn.us.

Please return the completed application forms with the appropriate license fee and insurance certificate(s) to:

City of Coon Rapids Forestry
Attn: Barb
1831 – 111th Ave. NW
Coon Rapids, MN 55433-3898

No license will be issued until ALL necessary documents and information are provided to our office. Also, no work can be done until your license is current.

If you desire further information, please do not hesitate to contact our office.

Sincerely,

Barb Bennett
City Forester's Office
763-767-6577
bbennett@coonrapidsmn.gov

2020 APPLICATION FOR TREE TRIMMING CONTRACTOR'S LICENSE

(NOTE: LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR)

Applicant (Officer/Owner) please print name and title _____ Business Telephone Number _____

Business Name (DBA) _____

Address _____ City _____ State _____ Zip Code _____

MINNESOTA TREE CARE COMPANY REGISTRY - License Number _____

(Required by *Minnesota Statutes Chapter 18G.07*)

Names of Employees: _____

Vehicle/Equipment Type/Description (please list below) _____ Qty. _____ License Number _____

Method and Place of Disposal of Waste Materials: _____

OPTIONAL: Does your staff include a Certified Arborist? Yes No

Certificate No. _____

Expiration Date _____

LICENSE REQUIREMENTS:

1. **\$75.00 License Fee** (please make checks payable to: City of Coon Rapids)
2. **Insurance Certificate for Commercial General Liability Insurance** (from insurance company with City of Coon Rapids as certificate holder) In the amounts of at least **\$1,000,000 per occurrence and \$2,000,000 general aggregate**
3. **Insurance Certificate for Workers' Compensation** (from insurance company with City of Coon Rapids as certificate holder)

GOVERNMENT DATA PRACTICES ACT-TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

I certify all information is correct and accurate to the best of my knowledge.

Applicant full name: _____
 (Please print) First Middle Last

Signature: _____ Date: _____
 (Applicant Signature required)

**MINNESOTA WORKERS' COMPENSATION LIABILITY
CERTIFICATE OF COMPLIANCE**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(**NOT** the insurance agent)

Policy Number: _____ Dates of Coverage: _____ to _____

(OR)

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

* * * * *

Name: _____ Phone: _____
(First, Middle, Last)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____ City, State, Zip: _____

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Signature _____ Date: _____

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and/or the social security number of each licensed applicant.

Under Minnesota Government Data Practices Act, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes. Penalties or interest;
2. Upon receiving this information, the licensing authority will supply it to the Minnesota Department of Revenue. However, under Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED: Tree Trimming Contractor's License

LICENSING AUTHORITY: City of Coon Rapids
LICENSE RENEWAL DATE: January 1st of Each Year

PERSONAL INFORMATION (if applicable)

Applicant's Name _____

Applicants Address _____

City State Zip

Social Security Number: _____

BUSINESS INFORMATION (if applicable)

Business Name _____

Business Address _____

City State Zip

Minnesota Tax Identification Number _____

Federal Tax Identification Number _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature

Position (Officer, Partner, etc.)

Date