



City of Apple Valley
 7100 147th Street W.
 Apple Valley, MN 55124
 (952) 953-2500

TREE WORK LICENSE APPLICATION

If applicant is an individual, this application shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of applicant Individual Partnership Corporation Other Organization

2. Legal business name (name of individual, partnership, corporation, or other organization) _____
 ATTACH - Proof of filing legal business name with the State of Minnesota (<https://mblsportal.sos.state.mn.us/>)

3. Assumed name (d/b/a name) _____
 ATTACH - Proof of filing assumed name with the State of Minnesota (<https://mblsportal.sos.state.mn.us/>)

4. Local Business address _____

Street
City
State
Zip

5. Local business phone no. _____

6. Minnesota Business Tax ID Number (required per MN Stat. § 270C.72)

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7. Social Security Number (required per MN Stat. § 270C.72)

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8. Licensing contact name _____

9. Licensing contact phone _____ Email _____

10. Mailing address (if different) _____

11. List the name(s) of each employee, partner, or officer _____

12. Description of vehicle(s) and license plate number(s) used in conjunction with the business:

License plate no.	Description	Color
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Type of equipment to be used _____

14. Do you provide root graft barrier installation? Yes No

15. Do you use chemical substances in any activity related to treatment or disease control? Yes No
 If yes, attach copy of "Commercial Pesticide Applicator" license issued by the Minnesota Department of Agriculture. Attachment

16. Which of the following preventative treatments do you provide?
 - a. Fungicide injections for oak wilt? Yes No
 - b. Fungicide injections for Dutch elm disease? Yes No
 - c. Insecticide injections for emerald ash borer? Yes No

Insurance

17. **ATTACH:** Certificate of Liability Insurance.

- Must show general liability insurance coverage with a minimum of \$300,000 combined single limit per occurrence.
- The City of Apple Valley must be listed as the certificate holder.
- The name listed in the “insured” section must match exactly the legal name filed with the State or the individual’s name if not filed with the State.

18. Provide workers’ compensation insurance coverage as required by Minnesota law (per MN Stat. § 176.181).

Insurance company name (not the agent) _____
 Policy number or self-insurance permit number _____
 Dates of coverage _____

(OR)

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

- I have no employees covered by the law Other (specify on reverse side)

Notice and Signature

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City’s website at www.cityofapplevalley.org.

I, the undersigned, hereby certify that the foregoing information in this application, furnished by me, is true and correct to the best of my knowledge. I further understand that providing any false information on this application will be cause for denial.

The information requested on this form will be used by the City of Apple Valley in the issuance of your license or processing of your renewal application. The information that you supply on this form will become public information when received by the City of Apple Valley. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

Applicant signature

Title

Date

Annual License Fee: \$50.00

All licenses expire December 31.

<i>01/19</i>	<i>Office use only</i>	<i>Code 1001.4049</i>
Date rec'd/paid	Amount \$	Receipt #
Approve/Deny	License #	Website