



218 NORTH MERIDIAN STREET/P.O. BOX 129  
 BELLE PLAINE, MN 56011  
 PHONE 952-873-5553 FAX 952-873-5509  
 TREE SERVICE (TRIMMING, ETC.) LICENSE APPLICATION

Annual Fee \$100.00
------------------------

**APPLICANT CONTACT AND BUSINESS INFORMATION**

Business Name \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ State Tax ID \_\_\_\_\_

MN Tree Care Registry No. \_\_\_\_\_

**CONTACT INFORMATION - LICENSING POINT OF CONTACT AND EMERGENCY CONTACT**

Person to serve as contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email \_\_\_\_\_

Job Title/Relationship to Applicant \_\_\_\_\_

Driver's License No. \_\_\_\_\_

List of vehicles, description and license plate numbers of vehicles to be used:

Vehicle	Description	License Plate No.

List of equipment used in providing service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE**

I do have general liability insurance coverage. Please submit a copy of certificate liability insurance.

I do not have general liability insurance coverage.

- I do have workers' compensation liability coverage. Please submit copy of certificate liability insurance.
- 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 workers compensation law.  
(these include: spouse, parents, children and certain farm employees.)

**CHECKLIST**

Before you submit this application, please check off the following to ensure of a properly completed application.

- City Application.
- Workers Compensation Certificate of Compliance.
- Copy of Certificate of Liability Insurance showing Workers Compensation and General Liability.  
List the City of Belle Plaine as Additional Insured
- Chemical Applicator License, if applicable.
- License fee of \$100.

By signing below, I hereby certify that I have read the foregoing questions and the answers to said questions are true of my own knowledge. I acknowledge I have read and understand Belle Plaine City Code Chapter Three Section 315.00 pertaining to Commercial Tree Cutting, Trimming, Pruning, Removal, or Spraying. I also understand that NO WORK will commence until a license is issued by the City of Belle Plaine.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**LICENSING PROCESS**

Once a completed application is received, it will be processed and the license will be mailed to you. The licensing process may take up to two weeks.

For Office Use Only			
Amount of Fee _____	Fee Paid _____	Date _____	Receipt # _____
_____ Approved	_____ Denied	_____ Copy Mailed to Applicant	
Comments _____ _____			
_____ City Authorized Signature		_____ Date	