



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

1. First Name _____ Last Name _____

2. Phone: _____ Email _____

3. Driver's License No. _____

4. Business Name _____

5. Business Phone No. _____ Fax No. _____

6. Federal Tax ID _____ State Tax ID _____

7. MN Tree Care Registry No. _____

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

Vehicle	Description	License Plate No.

9. 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.)

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 _____

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 the Certificate Holder or as an 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 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	