



Enclosed is an application form for TREE TRIMMING CONTRACTOR'S license in the City of Coon Rapids during the license year 2012.

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: Diana
1831 – 111th Ave. NW
Coon Rapids, MN 55433-3898**

FAX 763-767-6540

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 at 763-767-6586.

Sincerely,

Diana Koehler
Licensing, City Forester's Office

Att.

2012

APPLICATION FOR TREE TRIMMING CONTRACTOR'S LICENSE

OFFICE USE ONLY	
License No.	
License Fee	
Date Paid	

Date of Application _____

I hereby make application for TREE TRIMMING CONTRACTOR'S license in the City of Coon Rapids.

Applicant - (Officer/Owner) Please **print** name and title _____

Business Telephone # _____

Business Name - DBA _____

Address _____

City _____

State _____

Zip Code _____

Number & Names of Employees: _____

Please list below the **quantity, description & license number of vehicles and type(s) of equipment** to be used: _____

Method & place of disposal of waste materials: _____

MINNESOTA TREE CARE COMPANY REGISTRATION – License Number _____
 (Required by Minnesota Statutes Chapter 18G.07)

OPTIONAL:

Does your staff include a certified Arborist? Yes No

Certificate No. _____

Expiration Date _____

If yes, may the City indicate this information on tree trimming contractors list to residents? Yes No

LICENSE REQUIREMENTS: Fax 763-767-6540

- \$64.00 License Fee** (please make checks payable to: City of Coon Rapids)
- *Insurance Certificate for Commercial General Liability Insurance** - in the amounts of at least **\$1,000,000 per occurrence** and **\$2,000,000 general aggregate**
- *Insurance Certificate for Workers' Compensation**

REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED

* Insurance Certificate - from insurance company - with City of Coon Rapids as the certificate holder

NOTE: LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

**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: _____
(last, first, middle)

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

Business Address: _____

City, State, Zip: _____ Phone: () _____ - _____

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 the social security number of each license applicant.

Under the 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 the 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: _____

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

PERSONAL INFORMATION (if applicable)

Applicant's Name _____
 Applicant's Address _____

 City State Zip Code

Social Security Number: _____

BUSINESS INFORMATION (if applicable)

Business Name _____
 Business Address _____

 City State Zip Code

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

AFFIRMATIVE ACTION PROGRAM

Firm Name _____ Phone _____

Street Address _____ City _____

State _____ Zip Code _____ Number of Employees _____

THIS FIRM IS:

_____ Independently Owned and Operated

_____ An Affiliate

Parent Company _____

or

Address _____

_____ A Subsidiary

or

_____ A Division

_____ Small Business

_____ Large Business

Held contracts or subcontractors subject to the Equal Opportunity Clause of Executive Order 11246

Contractor Has	Contractor Has Not
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Filed the Equal Employment Opportunity Information Report EEO-1 for the period ending March 31 prior

Filed Equal Employment Opportunity Information Report EEO-1 when required

Developed a written Affirmative Action Program

Firm's Equal Employment Opportunity Program has _____ has not _____ been subject to a Government Equal Opportunity Compliance Review. If so, when _____.

Signature _____ Title _____

Date _____