



City of Shoreview
4600 Victoria Street North
Shoreview, MN 55126
P. (651) 490-4600 | F. 651-490-4699

2018 Tree Trimmer License Application

Applicant Information

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.

Business Name _____

Business Address _____
Street City State Zip

Mailing Address (if different) _____

Business Phone () _____ Website: _____

MN Business Tax ID No. _____

(per MN Stat. § 270C.72)

Federal Business Tax ID No. _____

Licensing Contact Name _____

Licensing Contact Phone _____ Email _____

Do you have ISA Certified Arborists on staff? Yes No

Do you provide root graft barrier installation? Yes No

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

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

This application is incomplete without Proof of Insurance, MN Workers' Certificate of Compliance, Surety Bond, and Application Fee.

ANNUAL LICENSE FEE: \$50.00 | ALL LICENSES EXPIRE DECEMBER 31ST.

Certificate of Insurance Requirements

All contractors must have a certificate of insurance made out to the City of Shoreview in the amounts of:

- \$200,000 per claimant (minimum)
- \$600,000 per occurrence for injuries to persons
- \$200,000 for property damage

Certificate of insurance must be on file before an application is approved.

Certificate of Bond(s) Requirements

Tree contractors must supply a Surety Bond in the amount of \$2,500 that states the type of work to be performed. Licenses are approved by the City Council at the regular monthly meetings.

If you have questions, please call **Shoreview City Hall at 651-490-4600**.

Notice and Signature

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 Shoreview 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 Shoreview. 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.

X _____
Applicant Signature *Date*

THE LICENSE APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL PAPERWORK HAS BEEN RECEIVED. THIS INCLUDES THE INSURANCE AND BOND REQUIREMENTS.

CITY HALL MUST BE CONTACTED TO ENSURE THAT THE LICENSE IS COMPLETE BEFORE SITE WORK IS STARTED.

Updated 07/15

For office use only

Date appl. rec'd/fee paid _____ Amount \$ _____ Receipt no. _____

Approve/Deny _____ License no. _____ Updated to website _____