



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 Website: www.anokaminnesota.com

TREE CARE/ARBORIST LICENSE APPLICATION (NEW)

NOTE: Once the license is approved and issued, it is the Licensee’s responsibility to be aware of the license expiration date and to contact the City of Anoka Licensing Department at least thirty (30) days prior to the expiration date of the license to obtain a renewal application. Renewal applications may be requested by calling: 763-576-2740.

APPLICANT/CONTACT INFORMATION

Applicant’s Name (first, middle, last):	Date of Birth:
Home Address:	City, State, Zip:
Mailing Address (if different):	City, State, Zip:
Phone Number (including area code):	Alternate Phone Number (<u>and</u> email address):

BACKGROUND INFORMATION ON APPLICANT

1. Have you ever been known by a name other than your true name listed above? No Yes (provide details)

Aliases:

2. List two (2) of your previous addresses, immediately prior to your present address:

Address #1:
Address #2:

3. Have you ever been convicted of a misdemeanor or felony violation of local ordinances or state laws, except for misdemeanor traffic violations? No Yes (provide details)

Type of conviction:
Date of conviction:
Location (City & State):

4. In the past five (5) years, have you applied for or held a license to conduct a like or similar activity in any other City or State, not including Anoka? No Yes (provide details - attach additional sheets as necessary)

Business Name:	Date(s) held:
Location (City & State):	
Business Name:	Date(s) held:
Location (City & State):	
Business Name:	Date(s) held:
Location (City & State):	

5. In the past five (5) years, have you been denied a license, or had a license suspended or revoked, to conduct a like or similar activity in any other City or State, not including Anoka? No Yes (provide details, attach additional sheets as necessary)

City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	
City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	
City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	

APPLICANT/BUSINESS INFORMATION

Business Name (must match certificate of insurance)	
Physical Address:	City, State, Zip:
Mailing Address (if different):	City, State, Zip:
Phone Number (including area code):	Alternate Phone Number (or email address):

When providing Tree Care/Arborist Services, I may be using Chemical Treatment? No Yes
 (If yes, you must be certified by the Minnesota Department of Agriculture in Agronomy as a Commercial Pesticide Applicator. A copy of your current certificate must be submitted with this application or as soon as possible.

STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to investigate, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at www.ci.anoka.mn.us or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this licensure. I further understand that I must submit any changes in my application within thirty (30) days of the effective date of the change and that I will abide by all requirements regarding the approval of such change as stated in the Anoka City Code and State Law.

Signature of Applicant: _____

Title: _____

Date: _____

REQUIRED DOCUMENTATION

- City Application
- Payment (\$30.00 investigation fee and \$200.00 annual license fee) = \$230.00
- Worker's Compensation Form (attached) (with copy of insurance attached)
- SP:C1 Tax Clearance Form (attached)
- Tennessee Warning (attached) (with copy of driver's license)
- If applicable, a copy of your current certification as a Commercial Pesticide Applicator License

**** You **must attach** a copy of a current Certificate of Insurance, listing the City of Anoka as an additional insured

**** You **must attach** a Bond in the amount of \$2,500, per Anoka City Code



CERTIFICATE OF COMPLIANCE
MINNESOTA WORKER'S COMPENSATION LAW

PRINT LEGIBLY IN INK OR TYPE

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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required worker's compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

ALL APPLICANTS: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
 I have employees but they are not covered by worker's compensation law.
(see Minnesota Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: *A valid worker's compensation policy must be always kept in effect by employers as required by law*

Business Name (Individual name only if no company name is used):

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED - ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is cancelled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.



SP:CI TAX CLEARANCE FORM

(This form may contain private data – do not release to public)

PRINT LEGIBLY IN INK OR TYPE

Pursuant to Minnesota Statute, Section 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/or the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, 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 only 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 license, its' issuance or renewal.

Please supply the information and return this form along with your application to the agency issuing your license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Licensing Authority: CITY OF ANOKA, MINNESOTA

Signature: _____

Printed Name: _____

Date: _____

PERSONAL INFORMATION: *Complete this section only if you are applying as an individual and/or do not hold a Minnesota Tax Identification # or Federal Tax Identification #.*

Applicant Name: _____

Applicant Address: _____

Social Security Number: _____

BUSINESS INFORMATION: *Complete this section only if you are applying as a business.*

Business Name: _____

Db: _____

Minnesota Tax Identification #: _____

Federal Tax Identification #: _____

For businesses: If Minnesota Tax Identification # is not required, you must submit a written explanation.



**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270C.72.*
3. You are required to supply the requested information.
4. The known consequence of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____ DOB: _____

ARTICLE II. ARBORISTS AND TREE CARE

Sec. 22-42. License required.

It is unlawful for any person to conduct as a business, the cutting, trimming, pruning, removal, spraying or otherwise treating of trees in the city without first having secured a license from the city to conduct such a business.

(Prior Code, § 22-31)

Sec. 22-43. Application.

An application for a license under this article shall be available at the office of the city clerk. The application for a license shall be made on a form provided by the city.

(Prior Code, § 22-32)

Sec. 22-44. Liability insurance.

- (a) No license or renewal shall be granted, nor shall the same be effective until the applicant files with the city clerk, proof of a public liability insurance policy covering all operations of such applicant under this article, during the full term of the license, for the sum of:
- (1) \$100,000.00 against liability for bodily injuries or death for each person;
 - (2) \$300,000.00 against liability for bodily injuries or death to more than one person from one accident; and
 - (3) \$100,000.00 against liability for damage or destruction of property.
- (b) The city shall be named and the insurance provided shall include the city as an additional party insured. The policy shall provide that it may not be cancelled by the insurer except after ten days' written notice to the city, and if such insurance is so cancelled and the licensee shall fail to replace the same with another policy conforming to the provisions of this section, the license shall be automatically suspended until such insurance has been replaced.

(Prior Code, § 22-33)

Sec. 22-45. Bond.

No license shall be issued until the applicant provides a \$2,500.00 bond to the city, which shall be approved in a form as to security by the city.

(Prior Code, § 22-34)

Sec. 22-46. Chemical treatment requirements.

Applicants who propose to use chemical substances in any activity related to treatment or disease control of trees and shrubs shall file with the city clerk proof that the applicant or an employee of the applicant administering such treatment has been certified by the agronomy division of the state department of agriculture as a commercial pesticide applicator. Such certification shall include knowledge of tree disease chemical treatment.

(Prior Code, § 22-35)

Sec. 22-47. Fees.

The annual license fee shall be determined by the city council.

(Prior Code, § 22-36)

Secs. 22-48—22-67. Reserved.