



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

# CITY OF ANOKA TREE CARE/ARBORIST SERVICES LICENSE RENEWAL APPLICATION

**ANNUAL FEES:** Fees for licenses are set annually by the Anoka City Council through adoption of a Master Fee Schedule.

Annual Fee: **\$200.00**

**NOTICE:** The application and ALL required documents **must be submitted no later than DECEMBER 1st.** DO NOT SUBMIT AN APPLICATION THAT IS INCOMPLETE OR MISSING INFORMATION; IT WILL BE REJECTED, RETURNED AND SUBJECT TO A **LATE PENALTY FEE OF \$25.00 or 10% WHICHEVER IS GREATER.** Payment of the license fee is due with the renewal application.

This application must be completed by: if by a natural person, by such person; if by a corporation or LLC, by an officer of the corporation or LLC; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

**INSTRUCTIONS:** If you have no ownership changes from the previous years' application, check the "HAS NOT" box and continue completing this form. If you have changes from the previous years' application, check the "HAS" box and request a copy of a full application. If there has been a change in ownership, you must apply as a new license.

- The information supplied on last year's renewal or original license application HAS NOT changed.   
**NOTE:** This application must be completed entirely.
- The information supplied on last year's renewal or original license application HAS changed.

## PART I

### INDIVIDUAL COMPLETING RENEWAL APPLICATION

*This individual must be the business owner or a corporate officer.*

Full Name ( <i>First, Middle, Last</i> ):	
Residence Address (include street address, city, state, zip)	Mailing Address, if different:
Phone Number (including area code):	Alternate Phone Number ( <u>and</u> email address):
Date of Birth:	Minnesota Driver's License # or State I.D. #:

# PERSONAL HISTORY INFORMATION

*Personal History Information must be completed by the above-named individual*

If you have resided at the above address for less than ten (10) yrs, please list previous addresses.

Previous Residence Address(s)

Have you or the business listed within this application ever been denied a license to conduct a similar or like activity or had such a license suspended or revoked in any City, State, including Anoka?  No  Yes. If yes, please provide details. *(attach additional sheets as necessary)*

Date	Description (i.e. denial, suspension or revocation)	Location: City & State

At any time, have you or the business listed within this application been convicted or fined for any violation of applicable local ordinances or any type of zoning regulations?  No  Yes. If yes, please provide details. *(attach additional sheets as necessary)*

Date	Description	Location: City & State

Have you ever been convicted of any felony crime or violation of a federal or state law other than a misdemeanor traffic violation.  No  Yes. If yes, please provide details. *(attach additional sheets as necessary)*

Date of Offense	Type of Offense	Location of Offense

# PART II

## BUSINESS INFORMATION

Legal Name of Business:	Trade Name (dba):
Business Address/Physical Location of Licensee:	Mailing Address, if different:
Business Phone Number Of Licensee (including area code):	Contact Person regarding license:
Contact Person Phone Number (including area code):	Contact Person Alternate Phone Number (and email address):

I/Business may use chemical treatment materials while providing tree care and/or arborist services in the City of Anoka:  YES  NO

If yes, you must be certified by the Minnesota Department of Agriculture in Agronomy. A copy of your certificate or other form of proof of your certification must be attached to this application. **OR Submitted ASAP, don't hold up renewal without it.**

### 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](http://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. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

---

## REQUIRED LICENSE APPLICATION DOCUMENTS

- City Licensing Renewal Application
- \$2,500 Bond (attach a copy)
- Certificate of Insurance listing the City of Anoka as the additional insured (attach a copy)
- Worker's Compensation Form (*attached – required by State of Minnesota*)
- SP:C1 Tax Clearance Form (*attached – required by State of Minnesota*)
- Tennessee Warning (*completed by all applicable people as described in application*)
- Copy of Certification from Minnesota Department of Agriculture or other form of proof of your certification if you use any Chemical Treatment Materials **for upcoming year**. (Only if applicable)  
**(If hasn't been issued, just make a note and send in once you have it, don't hold up turning in renewal if you don't have it)**
- Payment (**\$200.00 Annual Fee**) + Late Fees, if applicable



**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.**