



350 Highway 7, Ste 230
Excelsior, MN 55331

2023 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 _____

- | | | |
|---|-----|----|
| ➤ An ISA Certified Arborist is required to be on staff. Do you have ISA Certified Arborists on staff? | Yes | No |
| ➤ Applicant is required to be certified with the Tree Care Registry of the Minnesota Dept of Agriculture (MDA). Are you certified with the Tree Care Registry of the MN Dept. of Agriculture (MDA)? | 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, Right of Way Permit (if applicable) and Application Fee.

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

Experience and Education

Please attach a brief description of the applicant's education, special training, and experience relating to tree trimming, tree removal, tree stump removal or tree maintenance and disease prevention, and a description of the applicant's equipment.

Certificate of Insurance Requirements

All contractors must have a certificate of public liability insurance of no less than \$1,000,000. 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. If you have questions, please call **Excelsior City Hall at (952) 474-5233**.

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 Excelsior 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 Excelsior. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification 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.

For office use only

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

Approve/Deny _____

License no. _____