



City of Shoreview
4600 Victoria Street North
Shoreview, Minnesota 55126
651 490-4600 | shoreviewmn.gov

Tree Trimmers License Application

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.

Applicant information

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

Website: _____

Other required information

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 and Application Fee

Licenses are approved by the City Council at their regular monthly meetings.

ANNUAL LICENSE FEE: \$100.00 | 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.

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 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.

Signature	Date
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THE LICENSE APPLICATION WILL BE CONSIDERED INCOMPLETE UNTIL ALL REQUIRED PAPERWORK HAS BEEN RECEIVED, INCLUDING INSURANCE & FEE.

YOU MUST RECEIVE A LICENSE OR NOTIFICATION FROM THE CITY PRIOR TO BEGINNING SITE WORK.

For office use

Date appl. rec'd/fee paid: _____ Amount \$ _____

Receipt Date received: _____ By: _____

Approve/Deny License: _____ Updated to website _____