



1245 West Hwy 96 \* Arden Hills MN 55112  
Phone 651-792-7800 \* Fax 651-634-5137

# Tree Service License - 2021

(All information requested is required.)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ MN Tax ID #: \_\_\_\_\_  
 Applicant Name \_\_\_\_\_ SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

## Required Submittals:

- **Payment of \$50** (enclose check or pay by credit card in person)
- **Certificate of Liability Insurance** of at least two million dollars (\$2,000,000.00) against liability for bodily injuries to one person from the accident, two million dollars (\$2,000,000.00) for the injury of two (2) or more persons, and for at least two million dollars (\$2,000,000.00) against liability for damage or destruction to property. The policy shall provide that it may not be canceled by the insurer except after ten (10) days written notice to the City.
- **Certificate of Worker's Compensation** to the minimum acceptable levels of the State of Minnesota.  
**OR: Sign Worker's Compensation Waiver:**

**Worker's Compensation Wavier**

If you are a sole proprietor and have chosen not to carry worker's comp, the following waiver must be signed: As a sole proprietor or partnership, I/we have chosen not to carry Worker's Compensation Insurance on myself/ourselves.

\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date

## NOTICES AND AUTHORIZATIONS.

No work shall be done under this license until the insurance policies have been filed and approved by the City of Arden Hills Code Enforcement Division.

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the City of Arden Hills is required to provide to the Minnesota commissioner of Revenue the Minnesota business tax identification number and social security number of each 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:

- \* This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- \* Upon receiving this information, the City of Arden Hills 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;
- \* Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

The below signed applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Arden Hills may from time to time prescribe. The above-named firm hereby applies for a license for the term of one calendar year with the City of Arden Hills, Minnesota.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_