



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 _____

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, Surety Bond, Right of Way Permit (if applicable) and Application Fee.

ANNUAL 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. _____