



Dear Tree Trimmers:

Please find enclosed your 2026 Tree Trimmer Renewal. The following is a checklist of the forms that must be completed and returned to the City of Excelsior:

- 2026 Tree Trimmer License Application (enclosed)
- Proof of ISA Certified Arborist on Staff
- Brief description of applicant's education, special training, and experience
- Proof of Certification with Tree Registry of the Minnesota Department of Agriculture
- Commercial Pesticide Applicator license copy, if applicable
- Proof of Insurance, public liability insurance no less than \$1,000,000
- Certificate of Surety Bond, \$2,500
- Certificate of Compliance, Minnesota Worker's Compensation Law Form (enclosed)
- Notice to Persons Completing Forms and Minnesota Tax Compliance Form (enclosed)
- Application Fee - \$50

If you have any questions on any of the above forms or the renewal process, please feel free to contact me at 952-653-3675 or hvokovan@excelsiormn.org. Thank you!

Sincerely,

Hilary Vokovan
City Clerk

Enclosures



PO Box 558
Excelsior, MN 55331

2026 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. _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

NOTICE TO PERSONS COMPLETING THE ATTACHED FORM(S)

The information being collected with the attached form(s) is being collected to determine your qualifications for the license(s) for which you applied. We intend to use this data in making a determination on whether to issue to you the license(s) for which you applied.

You may refuse to answer any questions which require answers of private or confidential data, by writing the word "refused" in the appropriate location.

Your refusal to answer a query may result in your not being further considered for the license(s). Should you supply incorrect data, you may be denied the license(s). Any data supplied which may incriminate or otherwise disqualify you from consideration may be acted upon and, if acted upon, may become public data.

The data you provide may be used by anyone involved in any investigative process to determine your qualifications for this license(s) and may be disseminated to any other individual or agency authorized by law to receive the data. As part of the city council's review of your application, some or all of the information you provide may be made public to the extent necessary for the city council to evaluate your application as part of a public hearing.

By signing below, you hereby authorize the inspection and gathering of data retained by any agency, individual or institution that is deemed necessary by the investigator to determine whether you are prohibited by Minnesota Statute and/or City of Excelsior Ordinance Codes from obtaining the license(s) for which you applied. Failure to complete and sign this release of information form will result in the inability to process this license application(s).

You may be asked at a further date to sign additional release of information forms, if it is deemed necessary.

Date

Signature

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (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 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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
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 ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Name
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Applicant's Address	City	State	Zip Code
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Applicant's Social Security No.	Position (Officer, Partner, etc.)
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Business Name

Business Address	City	State	Zip Code
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Minnesota Tax Identification Number

Signature
