



City Clerk's Office
221 East Clark Street
Albert Lea, MN 56007-2496
Telephone: 507-377-4335
Email: dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
Please check all that apply:
 Plumber
 Sign Hanger
 Water Softener

Please Type or Print Legibly

Applicant:

Full Name: _____

Home Address: _____ City, State, Zip Code: _____

Home Telephone Number (Daytime): _____

Email Address: _____

Social Security Number or Tax ID and MN Business ID Number: as Pursuant to MN Stat. §270C-72, Subd. 4

Business:

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

Business Telephone Number (Daytime): _____

Corporation (if applicable):

Corporation Name: _____

List the Officers and their Titles: _____

State of Minnesota)
County of Freeborn)
City of Albert Lea)

The undersigned hereby agrees to comply with the laws of the state of Minnesota and the Albert Lea city code as they relate to the licensing and operation of licenses being applied for. I understand that falsification of any part of this application is cause for denial or revocation.

Signature

Date

Plumber, Sign Hanger, Water Softener Installer

Insurance Requirements

Applications for a tree trimmer license will not be considered complete until the following information is submitted:

- A certificate of insurance for public liability insurance for coverage with limits of at least:
 - \$100,000.00 for property damage;
 - \$100,000.00 for injury to one person; and
 - \$500,000.00 for each occurrence AND
 - Workers' Compensation Insurance as defined in MN Stat. §176.182
 - Provide a copy of the Corporate Surety Bond and License filed with the State of Minnesota

Office Use Only

Date Received: _____ Check Number/Cash/CC: _____

Fee Received: _____ for _____ Processors Initials: _____

Fee Received: _____ for _____ Council Approval Date: _____

Worker's Comp and Certificate of Liability Insurance Received: Yes _____ No _____

Sign Contractor Bond Received: Yes _____ No _____