



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

LICENSE APPLICATION

Tree Trimmer

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: _____

Registered with the Minnesota Commissioner of Agriculture as required by Minn. Stat. §18G.07, Subd. 3, 176.182.

____ YES ____ NO

VEHICLE DESCRIPTION:

Make _____

License No. _____

Make _____

License No. _____

EMPLOYEES: (Name Each)

1. _____

2. _____

3. _____

4. _____

EQUIPMENT: (list Equipment, other than vehicles, that will be used)

* * * * *

Tree Trimmer *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

Please indicate if either apply.

ISA Certified Arborist Name/Number (if applicable) _____

TCIA Accreditation (if applicable) _____

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

Office Use Only

Date Received: _____

Check Number/Cash/CC: _____

Processors Initials: _____

Council Approval Date: _____

Fee Received: _____

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

Proof of registration with the Minnesota Commissioner of Agriculture: Yes _____ No _____