

Return completed form to:
City Clerk's Office
City of Albert Lea
221 E. Clark St., Albert Lea, MN

221 E. Clark St., Albert Lea, MN 56007 507-377-4335 dmaras@ci.albertlea.mn.us (call to arrange payment) **LICENSE APPLICATION** 

Tree Trimmer Fee: \$100

## Please type or print legibly

Applicant:	
Full name	
	city, state, zip code
Home telephone number (daytime)	
Email address	
Business:	
Business name	
Business address	city, state, zip code
Business telephone number (daytime) _	
Minnesota Tax ID number	
Corporation (if applicable):	
Corporation name	
Please indicate if either apply:	
ISA Certified Arborist Name/Number (if a	pplicable)
TCIA Accreditation (if applicable)	
Applications for a tree trimmer licen is submitted:	se will not be considered complete until the following information
A certificate of insurance for	public liability insurance for coverage with limits of at least:
<ul> <li>\$100,000.00 for prope</li> <li>\$100,000.00 for injury</li> </ul>	to one person; and
<ul> <li>\$500,000.00 for each</li> </ul>	occurrence
<ul> <li>Proof of registration with the</li> </ul>	Minnesota Department of Agriculture
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *

State of Minnesota) County of Freeborn) ss. 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
FOR OFFICE USE	
Date received	Check number/cash/CC
Copy of MN Dept. of Ag registration	Fee received
Insurance certificate attached	City Council approval date
Processor initials	



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## **INDEMNITY AGREEMENT**

AGREEMENT made thisd	ay of	, by and between the
City of Albert Lea, Minnesota herein referred to	as "the City" and eferred to as "the License	ee".
WHEREAS, the licensee shall execute a for said purpose, an indemnification agreement damage resulting from the operation of said but	t holding City harmless fo	
NOW, THEREFORE, in consideration of	of the foregoing, the partie	es hereto agree as follows:
1. Subject to the terms and condition defend, and hold harmless the City against any judgments, including reasonable attorney's feet matters, for death or injuries to persons or for lowith the operation and maintenance by licensed business within the public right of ways of the Control of t	vand all claims, demands s, costs and expenses inc coss of or damage to prope e or any of their agents, c	curred in connection with such erty arising out of or in connection
2. Indemnity under this agreement of Albert Lea.	shall commence as of the	e date of the agreement by the City
3. The City agrees to notify license Notice of any indemnified claim.  IN WITNESS WHEREOF, the parties he	, ,	30) days of the receipt By the City of Agreement.
APPLICANT/LICENSEE	CITY OF ALBERT L	EA, MINNESOTA
	By: Its: Mayor	
	By: Its: City Clerk	



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## RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the general public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

<u>Public</u> – name and address of applicant(s) <u>Private</u> – all other information collected on the application

The information collected and required from you is to determine your eligibility for a City of Albert Lea license. If you do not supply the required information, the City of Albert Lea will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

- City of Albert Lea departmental personnel involved in determining your eligibility for a license or administering the program in connection with which the application is submitted.
- Freeborn County departmental personnel involved in the program.
- City Council members (only that information needed to approve the application for a license).
- Federal, State, County, and local and contracted public auditors.
- Law enforcement personnel in the cases of suspected fraud related to the application or license.
- Those individuals or agencies to which you give your express written permission.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

To exercise these rights, contact the City Manager's Office, 221 East Clark Street, Albert Lea, MN

- The right to see and obtain copies of the data maintained on you.
- The right to be told the contents and meaning of the data.
- The right to contest the accuracy and completeness of the data.

Title Business Name or Individual's Name