



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 Website: www.ci.anoka.mn.us

TREE CARE/ARBORIST LICENSE APPLICATION

NOTE: Once the license is approved and issued, it is the Licensee’s responsibility to be aware of the license expiration date and to the contact the City of Anoka Licensing Department at least thirty (30) days prior to the expiration date of the license to obtain a renewal application. Renewal applications may be requested by calling: 763-576-2712.

APPLICANT/CONTACT INFORMATION

Applicant’s Name (first, middle, last):	Date of Birth:
Home Address:	City, State, Zip:
Mailing Address (if different):	City, State, Zip:
Phone Number (including area code):	Alternate Phone Number (or email address):

BACKGROUND INFORMATION ON APPLICANT

- Have you ever been known by a name other than your true name listed above? No Yes (provide details)

Aliases:

- List two (2) of your previous addresses, immediately prior to your present address:

Address #1:
Address #2:

- Have you ever been convicted of a misdemeanor or felony violation of local ordinances or state laws, with the exception of misdemeanor traffic violations? No Yes (provide details)

Type of conviction:
Date of conviction:
Location (City & State):

4. In the past five (5) years, have you applied for or held a license to conduct a like or similar activity in any other City or State, not including Anoka? No Yes (provide details - attach additional sheets as necessary)

Business Name:	Date(s) held:
Location (City & State):	
Business Name:	Date(s) held:
Location (City & State):	
Business Name:	Date(s) held:
Location (City & State):	

5. In the past five (5) years, have you been denied a license, or had a license suspended or revoked, to conduct a like or similar activity in any other City or State, not including Anoka? No Yes (provide details, attach additional sheets as necessary)

City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	
City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	
City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	

APPLICANT/BUSINESS INFORMATION

Business Name (must match certificate of insurance)	
Physical Address:	City, State, Zip:
Mailing Address (if different):	City, State, Zip:
Phone Number (including area code):	Alternate Phone Number (or email address):

When providing Tree Care/Arborist Services, I may be using Chemical Treatment? No Yes (If yes, you must be certified by the Minnesota Department of Agriculture in Agronomy as a Commercial Pesticide Applicator. A copy of your current certification must be submitted with this application.)

STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at www.ci.anoka.mn.us or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this licensure. I further understand that I must submit any changes in my application within thirty (30) days of the effective date of the change and that I will abide by all requirements regarding the approval of such change as stated in the Anoka City Code and State Law.

Signature of Applicant: _____

Title: _____

Date: _____

REQUIRED DOCUMENTATION

- City Application
 - Payment (\$25.00 investigation fee and \$75.00 annual license fee)
 - Worker's Compensation Form (attached)
 - SP:C1 Tax Clearance Form (attached)
 - Tennessen Warning (attached)
 - If applicable, a copy of your current certification as a Commercial Pesticide Applicator.
- **** You must attached a copy of a current Certificate of Insurance, listing the City of Anoka as an additional insured
- **** You must attached a Bond in the amount of \$2,500, per Anoka City Code

**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

PRINT LEGIBLY 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.

ALL APPLICANTS: I certify that the information provide 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	PRINTED NAME	TITLE	DATE
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I am not required to have workers' compensation insurance coverage because:

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

COMPLETE THIS PORTION IF YOU ARE INSURED: 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 # (if applicable)
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DBA (doing business as name) (if applicable)

ADDRESS (PO Box must include street address)	CITY	STATE	ZIP
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INSURANCE COMPANY NAME (not the insurance agent)

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

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

NOTE: If your workers' compensation policy is cancelled within the license period, you must notify the agency who issued the license or permit by resubmitting this form.

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statute 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, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: **CITY OF ANOKA, MINNESOTA**

DATE

APPLICANT'S SIGNATURE AND TITLE (if any)

PERSONAL INFORMATION: *(COMPLETE PERSONAL INFORMATION ONLY, IF YOU ARE APPLYING AS AN INDIVIDUAL AND/OR DO NOT HOLD A MN TAX IDENTIFICATION OR FEDERAL TAX IDENTIFICATION #)*

Applicant name: _____
Applicant address: _____
Social Security No: _____

BUSINESS INFORMATION: *(COMPLETE BUSINESS INFORMATION ONLY, IF YOU ARE APPLYING AS A BUSINESS)*

Business name: _____
Business address: _____

Minnesota Tax Identification No.: _____
Federal Tax Identification No.: _____

If a Minnesota Tax Identification Number is not required, you must explain on the reverse side.



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

In connection with your request for a license the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understands the contents of this notice.

Date

Signature of Applicant

Print Name