



APPLICATION FOR TREE CONTRACTOR'S LICENSE 2019-2020

City of New Brighton
Attn: Sandra Daniloff
803 Old Highway 8 NW
New Brighton, MN 55112
(651) 638-2054

APPLICATION DATE: _____

APPLICATION FEE: **\$155.00 (LICENSE PERIOD: APRIL 1, 2019 TO MARCH 31, 2020)**

N **LEGAL** NAME OF COMPANY:

PHONE NO.:

BUSI BUSINESS ADDRESS: _

_____ EMAIL:

-

NAME OF CONTACT PERSON:

NAME OF INSURANCE COMPANY:

INSURANCE EXPIRES: _____ CERTIFIED ARBORIST NO.:

JJ

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MDA REGISTRY No.: _____ (REFER TO INFORMATION IN LETTER), FEDERAL TAX

I.D.: _____

PESTICIDE APPLICATORS LICENSE MDA No.

THE LICENSE SHALL NOT BE VALID UNTIL A CERTIFICATE OF INSURANCE IS FURNISHED SHOWING WORKERS' COMPENSATION

COVERAGE. WORKERS' COMPENSATION INSURANCE REQUIREMENTS MAY BE WAIVED IF THE APPLICANT IS SELF-EMPLOYED; AND

LIABILITY COVERAGE IN THE AMOUNT OF; \$500,000.00 PER CLAIMANT; \$1,500,000 FOR ANY NUMBER OF CLAIMS ARISING OUT OF A SINGLE OCCURANCE.

TYPE OF WORK TO BE PERFORMED (CHECK BOX):

ANY TREE MAINTENANCE (EXCLUDING CHEMICAL APPLCATIONS)

ANY TREE MAINTENANCE (INCLUDING CHEMICAL APPLICATIONS)

*APPLICATORS MUST BE LICENSED BY THE MDA AND HAVE LICENSE ON THEIR PERSON

SIGNATURE OF APPLICANT AND

TITLE _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64226
St. Paul, MN 55164-0226
Phone: (651) 281-8024
Fax: (651) 204-5743
www.dli.mn.gov
cl.license@state.mn.us

Reset

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 178.182 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. 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO. (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person's name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

NUMBER 1

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2

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

- I have no employees.
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change 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 1-800-342-3354 (DIAL DLI) Voice or TDD (651) 267-4198.

LIC 04 (1/00)