



2021 TREE REMOVAL AND TREATMENT LICENSE

FEE: \$50

City of Maple Grove • 12800 Arbor Lakes Pkwy., Maple Grove, MN 55369 • 763-494-6350

Part I: Business Information *The undersigned hereby makes an application for a Tree Removal and Treatment License in the City of Maple Grove as required by City Ordinance.*

Business Name:

Department of Agriculture Registration Number:

Business Address:

City, State, Zip:

Phone:

Fax:

Owner's Name:

Email:

MN Tax ID Number:

Federal Tax ID number:

Person to Contact in Emergency:

Phone:

Number of Employees:

Number of Company Vehicles:

Part II: Vehicles Used for Tree Work (use a separate sheet if more space needed)

Make	Model	Year	License Number

Part III: Insurance Information

Insurance Company Name:

Policy Number:

Part IV: Workers' Compensation Information (complete number 1, 2, or 3)

NUMBER 1 – Complete this portion if you are insured:

Workers' Compensation Insurance Company (not agency or agent)	Policy Number	Coverage Dates

NUMBER 2 – Complete this portion if self-insured:

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

NUMBER 3 – Complete this portion if exempt:

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

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

Part V: Chemical Substance Information

Will you be using chemical substances in any activity related to treatment or disease control? Yes No

If YES, Minnesota Department of Agriculture Commercial Pesticide Applicator's certification copy must be attached.

Pesticide License Number: _____

Tags with tree firm name and date of treatment are required on all treated trees.

I hereby certify that information provided on this application is true and correct and I understand that any misrepresentation made herein may be grounds for denial of this application.

Signature

Date

Print Name

Title