



CITY OF OAKDALE
ADMINISTRATION DEPARTMENT | LICENSING DIVISION
1584 Hadley Avenue North | Oakdale, MN 55128
www.ci.oakdale.mn.us | Licensing@ci.oakdale.mn.us
Direct: (651) 730-2739 | Fax: (651) 730-2820

TREE LICENSE APPLICATION

SECTION A. BUSINESS INFORMATION		
Name:	Last Name:	
Company Name:		
Doing Business As:		
Address:		
Phone:	Fax:	
E-Mail:		
Website / Social Media Site (<i>Facebook, Twitter, etc....</i>):		
Federal Tax ID:	Minnesota Tax ID:	MN Tree Care Registry #:
List of vehicles, description of vehicles, and license plate numbers of vehicles to be used:		
Vehicle	Description	License Plate #
Equipment used in providing service:		

SECTION B. INSURANCE INFORMATION
<input type="checkbox"/> I do have general liability insurance coverage – <i>Please submit a copy of certificate liability insurance.</i>
<input type="checkbox"/> I do NOT have general liability insurance coverage.
<input type="checkbox"/> I do have workers' compensation liability coverage – <i>Please submit a copy of certificate liability insurance.</i>
<input type="checkbox"/> I am not required to have workers' compensation liability coverage because:
<input type="checkbox"/> I have no employees
<input type="checkbox"/> I am self-insured (include permit to self-insure)
<input type="checkbox"/> I have no employees who are covered by workers' compensation law (these include: Spouse, Parents, Children and certain farm employees).

SECTION C. LICENSING POINT OF CONTACT / EMERGENCY CONTACT		
<i>List the person who will serve as the licensing point of contact (if none, please list the emergency contact for the business).</i>		
This person will serve as the: <input type="checkbox"/> Licensing Point of Contact <input type="checkbox"/> Emergency Contact		
Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail:		
Contact preference for licensing questions and materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.



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LICENSING PROCESS

Once a completed application packet has been received, it will be processed, and the license will be mailed to you. Please note that the licensing process may take 2 weeks.

- | CHECKLIST |
|---|
| Before you submit your application packet, please check off the following to ensure everything has been completed.
<b style="color: red;">All incomplete applications will be returned. |
| <input type="checkbox"/> City Application |
| <input type="checkbox"/> Worker’s Compensation Certificate of Compliance |
| <input type="checkbox"/> Insurance - Attach a current copy of the certificate of liability insurance showing worker’s compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder. |
| <input type="checkbox"/> Chemical Applicator Licensing, if applicable |
| <input type="checkbox"/> License Fee - \$100.00 |

Please mail, drop off, or e-mail forms and required documents when completed.

By signing below, I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I also understand that I am NOT supposed to begin work until a license is issued.

Applicant Signature

Date

FOR OFFICE USE ONLY	
PM:	AMT:
PD:	RD:
NOTES:	