



**LICENSING DIVISION**  
 1584 Hadley Avenue N  
 Oakdale, MN 55128  
 Phone: 651-730-2739  
 Fax: 651-730-2820  
 E-Mail: licensing@ci.oakdale.mn.us  
 www.ci.oakdale.mn.us

<b>FOR OFFICE USE ONLY</b>
NOTES:

## CHRISTMAS TREE SALES LICENSE APPLICATION

*License Term: November – January 9, annually*

SECTION A. BUSINESS INFORMATION		
Name:	Last Name:	
Company Name:	Doing Business As:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail:	Website:	
Federal Tax ID:	Minnesota Tax ID:	

SECTION B. PREMISES TO BE LICENSED	
Location Name:	
Address:	
Phone:	Days and Hours of Operation:
Description of Lighting:	

SECTION C. LICENSING POINT OF CONTACT		
<i>List the person who will serve as the licensing point of contact. This person will be the one to receive renewal packets.</i>		
Please check one: <input type="checkbox"/> Same as the applicant – <i>Skip to Section D</i> <input type="checkbox"/> Different from the applicant – <i>Complete below</i>		
Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail:		
How would you like to receive license renewal packets? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

SECTION D. EMERGENCY CONTACT		
<i>Please list an alternative contact information from the applicant.</i>		
Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Other Number:	

# 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 Minn. Stat. 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
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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		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

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

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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.

**\*Electronic Signature:**

Print Full Name	Title	Date
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**LICENSING PROCESS**

Once a completed application packet has been received, City Council will review and make a decision for approval. Please note that the licensing process may take up to 4 weeks.

**CHECKLIST**

Before you submit your application packet, please check off the following to ensure everything has been completed.  
**All incomplete applications will be returned.**

*AP - Applicant checklist,  
 CTY - City checklist*

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	City Application
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation Certificate of Compliance
<input type="checkbox"/>	<input type="checkbox"/>	<b>Certificate of Liability Insurance</b> - 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"/>	<input type="checkbox"/>	<b>Site Plan</b> - Attach a site plan no less than 8"x10" displaying the structures to be used and the location of the trees to be sold.
<input type="checkbox"/>	<input type="checkbox"/>	<b>License Fee</b> - \$250.00

**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 conduct any sales until a license is issued.

**\*Electronic Signature:** \_\_\_\_\_ Date \_\_\_\_\_  
 Please type your full name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at <http://www.ci.oakdale.mn.us/267/Christmas-Tree-Sales>

**Thank you for doing business in Oakdale!**

FOR OFFICE USE ONLY		
Bkgd. Fee:	M:	#:
Lic. Fee:	M:	#:
P.H. Fee:	M:	#: