



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

FOR OFFICE USE ONLY
NOTES:

TREE SERVICES LICENSE APPLICATION

License Term: January 1 – December 31, 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:	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. 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 C. EMERGENCY CONTACT	
<i>Please list an alternative contact information different from the applicant.</i>	
Full Name:	Job Title/ Relationship to Applicant:
Phone Number:	Other Number:

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.

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"/>	Certificate of Liability 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"/>	<input type="checkbox"/>	Chemical Applicator Licensing, if applicable
<input type="checkbox"/>	<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 understand and 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 business until a license has been issued.

FOR OFFICE USE ONLY			
N:	PM:	#:	\$:

***Electronic Signature:**

Please type your full name Date

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

Thank you for choosing the City of Oakdale to do business in!