



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

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.
<i>AP – Applicant checklist, CTY – City checklist</i>
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 - \$150.00

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.

***Electronic Signature:**

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

 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!



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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 C</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:

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.)
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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
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County	Email address
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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)
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Policy number	Effective date	Expiration date
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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.)

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.