



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100  
FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

### Tree Care Company License Application

City Code Title 4, Chapter 3 requires that any individual, partnership or corporation conducting as a business for profit the cutting, trimming, pruning, removing, spraying, or other treating of trees, shrubs or vines in the City of Andover shall have a license from the city to conduct such business. **Provide proof of general liability insurance with a minimum of \$1,000,000.**

1. Applicant's Name \_\_\_\_\_

2. Applicant's Address \_\_\_\_\_

3. Company's Name \_\_\_\_\_

4. Company's Address \_\_\_\_\_

5. Applicant's Phone Number \_\_\_\_\_ Company's Phone Number \_\_\_\_\_

6. Company's Email Address \_\_\_\_\_

7. Employees' Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Description and license number of each vehicle used in operation:

\_\_\_\_\_  
\_\_\_\_\_

9. Type of other equipment used:

\_\_\_\_\_  
\_\_\_\_\_

10. What services does your company provide?

\_\_\_ tree removal/pruning    \_\_\_ vibratory plowing/trenching    \_\_\_ chemical applications

\_\_\_ stump grinding    \_\_\_ cabling/bracing

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

License Fee \$50.00

Insurance Expiration Date: \_\_\_\_\_ License Number \_\_\_\_\_

# CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply the information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**License Being Applied for or Renewed:** \_\_\_\_\_

**Licensing Authority:** CITY OF ANDOVER

**License Renewal Date:** \_\_\_\_\_

**Personal Information:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Or Individual Tax Identification Number (ITIN) \_\_\_\_\_

**Business Information:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

If Minnesota Tax Identification number is not required, please explain. \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_



**TENNESSEN WARNING**

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

**CERTIFICATE OF COMPLIANCE  
MINNESOTA WORKER'S COMPENSATION LAW**

**PRINT LEGIBLY IN INK OR TYPE**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by workers' compensation law.  
(see Minnesota Statute 176.041 for list of excluded employees)

Explain why your employees are not covered: \_\_\_\_\_

**COMPLETE THIS PORTION ONLY IF YOU ARE INSURED:** A valid worker's compensation policy must be kept in effect at all times by employers as required by law.

Business Name (Individual name only if no company name is used): \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Address (must include street address): \_\_\_\_\_

Insurance Company Name (not agent): \_\_\_\_\_

Workers Compensation Policy No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**IF SELF-INSURED – ATTACH A COPY OF THE PERMIT TO SELF-INSURE**

NOTE: If your worker's compensation policy is canceled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.