



1891 Walnut Street, Lauderdale, Minnesota 55113
Phone: 651-792-7650 * Fax: 651-631-2066

Tree Trimmer License Application

Company name _____

Address _____

City/State/Zip _____

Email Address _____

Business Phone _____

MDA No. _____ Tax ID No. _____

Applicant Name _____ Applicant Phone _____

Required Submittals:

- **\$50 License fee**
- **ISA Certified Arborist Certificate** (if applicable)
- **State Workers Compensation Form**
- **Certificate of Insurance with the following coverage:**
 - Liability coverage required in the amounts of \$500,000 per claimant and \$1,500,000 for any number of claims arising out of a single occurrence.
 - Vehicle coverage
 - Worker's compensation to the minimum acceptable levels of the state of Minnesota.

All city code provisions related to tree services must be strictly adhered to at all times.
Licenses are not transferable.

I UNDERSTAND AND HEREBY AGREE THAT the City Council of the City of Lauderdale may revoke, suspend or not renew any license issued if this application does not comply with the city code. Licenses are valid until December 31 of each year. All required documents must be submitted before application can be considered for a license.

Applicant name (print)

Applicant Signature

Date

For Office Use Only:

Fees: _____ Receipt No. _____ License No. _____ Issue date _____