



LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.072 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner 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 it 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 issuance or renewal application.

Please provide the following information and return along with your application to the agency issuing the license. **Do not return to the Department of Revenue.**

**Licensing Authority:** The City of Oak Park Heights  
**License Renewal Date:** Annually (January 1<sup>st</sup> through December 31<sup>st</sup>)

**Personal Information:** (Complete only if applicable)

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

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

\_\_\_\_\_  
City State Zip Code

Social Security No.: \_\_\_\_\_

**Business Information:** (Complete only if applicable)

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

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

\_\_\_\_\_  
City State Zip Code

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

If a Minnesota Tax Identification number is not required, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Signature Title Date



**CITY OF OAK PARK HEIGHTS**  
**14168 OAK PARK BOULEVARD N.**  
**OAK PARK HEIGHTS, MINNESOTA 55082**  
**(651) 439-4439**

**PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and placed within their company file. It shall be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute, Section 176.182, subdivision 2.

Law requires this information; licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, failure to provide or falsely reporting this information may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry to the Special Compensation Fund.

Provide the information specified above, in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

**Insurance Company (not the Insurance Agent):** \_\_\_\_\_

**Policy Number or Self-Insurance Permit Number:** \_\_\_\_\_

**Dates of Coverage:** \_\_\_\_\_

**OR**

**I am not required to have Workers' Compensation Insurance because: (check one)**

\_\_\_\_\_ I have no employees covered by law

\_\_\_\_\_ Other (specify) \_\_\_\_\_

I have read and understand my rights and obligations with regards to business licenses, permits and Workers' Compensation coverage and hereby certify by my signature below that to the best of my knowledge, the information provided is true and correct.

\_\_\_\_\_  
Signature

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

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

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

Telephone Number: (    ) \_\_\_\_\_



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**INDEMNIFICATION AGREEMENT**

**To:** City of Oak Park Heights  
14168 Oak Park Boulevard  
Oak Park Heights, MN 55082

**NOTE:** The following must be signed by an Officer of the Corporation or by the Owner and notarized.

In consideration for the granting of this license, the license applicant agrees to hold the City harmless from all damages and claims of damage which may arise by reason of any negligence on the part of the Contractor or the Contractor's agents or employees engaged in the performance of this Contract/Permit, and will indemnify the City for the amount of all claims, liens, expenses and claims for liens of work, tool, machinery, materials or insurance premiums and for the amount of all loss by reason of the failure of the Contractor to fully perform its obligation under this Contract/Permit, including but not limited to attorney fees and costs incurred relative to such claims and losses.

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Corporate Officer or Individual Proprietorship Owner

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal/Stamp)

\_\_\_\_\_, Notary Public.

\_\_\_\_\_ County.

My commission expires: \_\_\_\_\_.



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## Tree Worker's License - Commercial License Addendum

Calendar-Year License Fee: \$50.00

Please make your check payable to *City of Oak Park Heights*.

### **Required Documentation:**

1. Tree Care Registry. Attach a printout from the Minnesota Department of Agriculture Website showing your company's Tree Care Registry (link provided below), or other proof of your company's registry.

<http://www2.mda.state.mn.us/webapp/lis/default.jsp>

2. Fertilizer and Commercial Pesticide Applicators Licenses. Attach a printout from the Minnesota Department of Agriculture website (Fertilizer Companies with Commercial Pesticide Applicators Search- link provided below) showing your company's Fertilizer License No. and Licensed Commercial Pesticide Applicators, or other proof of your company's Fertilizer License and Licensed Commercial Pesticide Applicators. If your company does not have a Fertilizer License or Licensed Commercial Pesticide Applicators, please indicate.

[http://www2.mda.state.mn.us/webapp/lis/cpestapp\\_default.jsp](http://www2.mda.state.mn.us/webapp/lis/cpestapp_default.jsp)

3. ISA Certifications. Attach printouts from the International Society of Arboriculture website (link provided below) or copies showing each individual certified by the ISA and name the Certified Arborist(s) who will be directly supervising all work performed in the City.

<http://www.isa-arbor.com/findanarborist/verify.aspx>

4. Certificate of Liability Insurance. Provide a certificate of insurance covering all operations for the sum of at least one million dollars (\$1,000,000) liability for bodily injuries or death to more than one person from one accident and for at least one million dollars (\$1,000,000) against liability for damage or destruction of property. Policy shall provide that it may not be canceled by the insurer except after ten (10) days written notice to the City. Certificate holder should be listed as City of Oak Park Heights, 14168 Oak Park Blvd N, Oak Park Heights, MN 55082, [jhultman@cityof oakparkheights.com](mailto:jhultman@cityof oakparkheights.com).

*Updated 11.13.2019*



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### ***Diseased Tree Care Treatment Notification***

Please provide this form to the City Arborist for treatment of any trees in the City of Oak Park Heights for the purpose of preventing or otherwise controlling the spread of disease. Make additional copies as necessary. Return form in person at City Hall or via email [ldanielson@cityofoakparkheights.com](mailto:ldanielson@cityofoakparkheights.com)

**Business Name (including contact information):**

**Property Address:**

**Tree Information:**

Type of Tree	Location on Property	Size	Treatment Method	Chemicals Used	Date of Proposed Treatments

**For City Arborist Use**

Date Reviewed:

Signature:

Comments: