



CITY OF SHOREWOOD

5755 Country Club Road • Shorewood, Minnesota 55331 • 952.960.7900

TREE TRIMMERS LICENSE APPLICATION (pursuant to City Code Section 305)

Office Use:

License Year: \_\_\_\_\_ Application Fee\*: \$30 Receipt # \_\_\_\_\_ Permit #: \_\_\_\_\_

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

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

Business Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip)

Phone: \_\_\_\_\_ (business) Email: \_\_\_\_\_

Insurance:

- 1. Worker's Compensation: Appropriate worker's compensation insurance in accordance with the worker's compensation laws of the State of Minnesota.
2. Liability Insurance: Insurance against claims for death, bodily injury and property damage liability in the amounts of at least five hundred thousand dollars (\$500,000.00) for injury to or death of any one person, five hundred thousand dollars (\$500,000.00) for injury to or death of more than one person in any one accident, and one hundred thousand dollars (\$100,000.00) for damage to property.

By signing below, I certify that I am currently licensed with the MN Department of Agriculture Tree Care Registry, per MN Statute 18G.07. I (we) hereby agree to operate the tree trimmers business in accordance with the laws of the State of Minnesota and the Ordinances of the City of Shorewood. The foregoing statements are true and correct to the best of my knowledge and belief. By signing below, I certify that I am currently licensed with the MN Department of Agriculture Tree Care Registry, per MN Statute 18G.07.

Company Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ (title) Date \_\_\_\_\_

