



January 23, 2018

Dear Tree Contractor:

The Parks and Recreation Department processes the Tree Contractor Licenses for the City of New Brighton. If you apply for your license in person, please come to the Parks and Recreation Department (see address below), we are just one block north of New Brighton City Hall. Office hours: Mon-Fri., 8am-4:30pm. Ask for Jodelle.

The licensing period for 2018-2019 will be April 1, 2018-March 31, 2019. Your 2017 license will be honored through March 31, 2018.

If you prefer, all license information can be found at our City website located at www.newbrightonmn.gov City Service/Forestry then Useful Links (at the bottom) and choose 2018 Application for Tree Contractor's License.

When you apply for the new license, please include the following items:

- Check for \$155 made payable to: NBPR (New Brighton Parks and Recreation)
- Application for Tree Contractor's License, attached (please fill out completely)
- Copy of your Certificate of Liability from your insurance company
- Completed Copy of your Certificate of Compliance, Workers' Compensation Form (attached)
- Copy of your ISA certified arborist certificate (required per City Ordinance)
- Provide MDA Tree Care Registry Number on the enclosed application.
<http://www.mda.state.mn.us/licensing/licensetypes/treecareregistry.aspx>
- Provide Federal Tax I.D. on the enclosed application.

Please return your renewal information to: **Tree Contractor License, Attn: Jodelle
New Brighton Parks and Recreation
400 10th Street NW
New Brighton, MN 55112**

If you have any questions, please contact me.

Sincerely,

A handwritten signature in blue ink that reads "Jodelle Olson".

Jodelle Olson
Office Assistant
651-638-2121
jodelle.olson@newbrightonmn.gov

attachments





APPLICATION FOR TREE CONTRACTOR'S LICENSE 2018-2019

New Brighton Parks and Recreation
400 10th Street NW
New Brighton, MN 55112
(651) 638-2121
(651) 638-2135 fax

APPLICATION DATE: _____

APPLICATION FEE: **\$155.00 (LICENSE PERIOD: APRIL 1, 2018 TO MARCH 31, 2019)**

NAME OF COMPANY:	PHONE NO.:
BUSINESS ADDRESS:	
EMAIL: _____	
NAME OF CONTACT PERSON: _____	
NAME OF INSURANCE COMPANY: _____	
INSURANCE EXPIRES: _____	CERTIFIED ARBORIST NO.: _____
MDA REGISTRY No.: _____	(REFER TO INFORMATION IN LETTER). FEDERAL TAX I.D.: _____
PESTICIDE APPLICATORS LICENSE MDA No. _____	
THE LICENSE SHALL NOT BE VALID UNTIL A CERTIFICATE OF INSURANCE IS FURNISHED SHOWING WORKERS' COMPENSATION COVERAGE. WORKERS' COMPENSATION INSURANCE REQUIREMENTS MAY BE WAIVED IF THE APPLICANT IS SELF-EMPLOYED; AND LIABILITY COVERAGE IN THE AMOUNT OF; \$500,000.00 PER CLAIMANT; \$1,500,000 FOR ANY NUMBER OF CLAIMS ARISING OUT OF A SINGLE OCCURANCE.	

TYPE OF WORK TO BE PERFORMED (CHECK BOX):
<input type="checkbox"/> ANY TREE MAINTENANCE (EXCLUDING CHEMICAL APPLCATIONS)
<input type="checkbox"/> ANY TREE MAINTENANCE (INCLUDING CHEMICAL APPLICATIONS)
*APPLICATORS MUST BE LICENSED BY THE MDA AND HAVE LICENSE ON THEIR PERSON
SIGNATURE OF APPLICANT AND TITLE _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64228
St. Paul, MN 55164-0228
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Reset

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, 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. 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)
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BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

NUMBER 1

INSURANCE COMPANY NAME (not the insurance agent)
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POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2

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

- I have no employees.
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.