City of Wayzata
600 Rice Street
Wayzata, MN 55391-1734

To Tree Removal and Treatment License Applicant:

Enclosed please find an application for a Tree Removal and Treatment License. Pursuant to City Code, the following materials must be completed and returned:

- ☐ The enclosed Tennessen Warning form.
- ☐ An "Application for Tree Removal and Treatment License" form.
- ☐ A state required "Minnesota Business Tax Identification Law" form combined with "Workers' Compensation Insurance Coverage Law" form.
- ☐ A "Tree Removal and Treatment Bond" form.
- ☐ A "*Tree Removal and Treatment License Chemical Substances"* form.
- ☐ A certificate of insurance showing Public Liability Insurance carried with minimum limits of:
  Bodily injury - $100,000 each person, $300,000 each accident
  Property Damage - $50,000 each accident, $50,000 aggregate
- ☐ Application fee with check made payable to the "City of Wayzata."

Sincerely,

City of Wayzata

Enclosures

DATA PRACTICES ADVISORY
TENNESSEN WARNING – PERMITS AND LICENSES

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Wayzata City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. § 13.41, subd. 2; Minn. Stat. § 13.37, subd. 1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Wayzata may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Certification: I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Wayzata.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

Signature	Date
Print Name	Print Title
	Establishment Name (DBA) or Trade Name

	City of Wayzata 600 Rice Street Wayzata, MN 55391-1734 Licensing: 952-404-5301	**Date Pd:**_____ **Amount Pd:**_____ **Receipt #**_____

Fee: $68.00

2017 APPLICATION FOR TREE REMOVAL AND TREATMENT LICENSE

The undersigned hereby makes an application for a Tree Removal and Treatment License in the City of Wayzata for a period ending December 31, as required by City Ordinance:

Business Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

Name of Owner: _____

Owner's Address: _____

Names of Supervisory Employees:	**Certificate No. of Pesticide Applicator's License:**
_____	_____
_____	_____
_____	_____
_____	_____

Vehicles and types of equipment proposed to be used:

Type	**License No. of Vehicle**
_____	_____
_____	_____
_____	_____
_____	_____

For the purpose of obtaining such License I hereby represent that all statements required by Ordinance to be made are true:

_____ _____

Signature **Date Signed**

Application must be signed with applicants' correct name; if a corporation, that fact is to be shown and the officer signing is to show his office. If a partnership, all partners' names must appear and at least one partner sign.

Return with this application with the appropriate fee, a "Certification of Compliance-Minnesota Workers' Compensation Law" form, a state-required "MN Business Tax Identification Law" form combined with "Workers' Compensation Insurance Coverage Law" form, your Bond (on City of Wayzata form) and a Certificate of Insurance showing Public Liability Insurance carried with the following minimum limits: Bodily injury - $100,000 each person, $300,000 each accident, Property Damage - $50,000 each accident, $50,000 aggregate.

▶ *MINNESOTA BUSINESS TAX IDENTIFICATION LAW*

Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4. **All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).**

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
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 license issuance or renewal application.

Applicant's name (LAST, first, middle initial)				***Social Security Number**
Home address	**City**	**State**	**Zip code**	**Phone number**
Business name		**Type of license applied for:**		
Business address	**City**	**State**	**Zip code**	**Phone number**
Minnesota Tax Identification Number (or explain why you don't have one)			**Federal Tax Identification Number**	

***If company stock is publicly exchanged, you may omit submitting this Social Security information.**

▶ WORKERS' COMPENSATION INSURANCE COVERAGE LAW

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, Subd. 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 put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a $2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Worker's Compensation Insurance Company Name (not agent's name):	**Policy Number:**	**Dates of coverage:** From To

OR, I certify that I am not required to carry worker's compensation insurance because (check one):

☐ **I am the sole proprietor and have no employees**

☐ I am self insured (For this category, you must include a copy of the permit to self-insure.)

☐ I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: spouse, parents, children – regardless of age, and farm labor employees of a family farm that spent less than $8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

▶ **I certify that all information provided above is accurate and complete. I also certify that a valid workers' compensation policy will be kept in effect at all times, as required by law.**

Signature: _____ Date: _____

LICENSE OR PERMIT BOND

Bond Number: (Insert Bond Number)

KNOW ALL PERSONS BY THESE PRESENTS, That we ABC Contracting Company of 12345 Main Street, Maple Grove, MN 55369, hereinafter referred to as the Principal, and (Insert Name of Surety Company), as Surety, are held and firmly bound unto City of Wayzata, Minnesota of 600 East Rice Street, Wayzata, MN 55391, hereinafter referred to as the Obligee, in the sum of Five Thousand and No/100 Dollars ($ 5,000.00), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to the Obligee for the purpose of, or to exercise the vocation of Tree Removal and Treatment.

NOW, THEREFORE, if Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit to the Principal, then this obligation shall be void; otherwise, to remain in full force and effect.

THIS BOND WILL EXPIRE the 31st day of December, 2016, but may be continued by continuation certificate signed by the Principal and Surety. The Surety may at any time terminate its liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

SIGNED, SEALED AND DATED this _____ day of _____, _____.

ABC Contracting Company
(Principal)

By _____ (Seal)

(Insert Name of Surety)
(Surety)

By _____ (Seal)
Attorney-in-Fact

SAMPLE

City of Wayzata
600 Rice Street
Wayzata, MN 55391-1734

TREE REMOVAL AND TREATMENT LICENSE
CHEMICAL SUBSTANCES FORM

Dear Tree Removal and Treatment License Applicant;

Pursuant to City Code, if you propose to use chemical substances in any activity related to treatment or disease control of trees you must file with the City evidence that the licensee or the employee of the licensee administering such treatment has been certified by the Agronomy Division of the Minnesota Department of Agriculture as a "commercial pesticide applicator". Certification must include the knowledge of tree disease chemical treatment.

In order to issue your license we need to know whether your company intends to use chemical substances in any activity related to the treatment or disease control of trees. Please check the appropriate box below and return this form and any required documentation to us.

Thank you for your prompt attention to this request.

Sincerely,

City of Wayzata

_____I do **not** intend to use chemical substances in any activity related to the treatment or disease control of trees.

_____I **do** intend to use chemical substances in any activity related to the treatment or disease control of trees and I am enclosing a copy of the appropriate certification from the Agronomy Division of the Minnesota Department of Agriculture as a "commercial pesticide applicator" which also includes the knowledge of tree disease chemical treatment.

_____
Company Name

_____
Printed name of company owner

_____
Signature of company owner

_____
Date