



4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

CITY of CRYSTAL

APPLICATION FOR BUSINESS LICENSE – TREE TRIMMER

Applicant Name:	
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City Code Chapters 10 and 11 indicate all of the requirements for Tree Trimmer licenses.

City License Requirements:

- Application for Business License
- Tree Trimmer Supplemental Form
- Bond (\$2,500 required)
- Certificate of Insurance (\$500,000 commercial general liability with the City of Crystal listed as additional insured and certificate holder)
- Fees –Required at the time of submittal.
 - License Fee - The license period is January 1-December 31 (non-refundable, not prorated): \$100

Questions? Contact Tracy Thorstenson, Permit and Licensing Technician at 763-531-1148 or tracy.thorstenson@crystalmn.gov

OFFICIAL USE ONLY

Rec'd ___/___/___ by _____ Fee Total Rec'd _____ Payment Type _____
(License fee 0100-4191)

Approval Date ___/___/___ _____ Assumed Name Verified
_____ MN Dept. of Agriculture Registration Verified



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APPLICATION FOR BUSINESS LICENSE

If the applicant is an individual, this application must be completed by such person, if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

SECTION 1 – APPLICANT INFORMATION	
Name of applicant (name of individual, partnership, corporation or association):	
Applicant address (city, state and zip):	
Applicant cell phone:	Applicant email address:

Business name:	
Doing Business As (DBA) (also known as an Assumed Name):	
Business address (city, state and zip):	
Business phone:	Business email address:
Business website:	
Do you own the business premises (for business within the city of Crystal)? <input type="checkbox"/> Yes or <input type="checkbox"/> No or <input type="checkbox"/> N/A If no, attach a complete copy of the executed lease. Is the business premises either planned to be or under construction or undergoing substantial alteration? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, attach a set of preliminary plans showing the design of the proposed premise to be licensed if you have not already.	

Are you registered to do business in Minnesota? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Have you filed a "Certificate of Assumed Name" with the Office of the Minnesota Secretary of State? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Check one: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Minnesota corporation; date of incorporation: _____ <input type="checkbox"/> Out-of-state corporation; state of incorporation: _____ <input type="checkbox"/> If a subsidiary of any other corporation, please describe fully the relationship of the corporation to any other corporation including the name, business address, state of incorporation, and names of stockholders, directors and officers (attach additional pages as necessary): _____ _____	
<input type="checkbox"/> Other, please describe: _____	

Minnesota Tax ID Number (if sole proprietor, provide Social Security Number):

Federal Tax ID Number:

If a Minnesota Tax ID number is not provided (other than sole proprietor), please explain:

PREVIOUS BUSINESSES/EMPLOYMENT (Required for Sole Proprietors only)

List every business or occupation in which you have been engaged during the preceding five years, as well as the names and addresses of your employers and partners, if any. *Attach additional pages as necessary.*

COMPANY NAME	TYPE OF BUSINESS	ADDRESS	DATES OF EMPLOYMENT	PARTNERS (if any)

SECTION 2- LICENSE INFORMATION

Do you hold a business license from any other governmental unit?

Yes or No

If yes, please provide details, including the type of license(s) and from which governmental unit:

Have you made application for a business license from any other governmental unit which was denied, revoked or suspended?

Yes or No

If yes, please explain the details including date, location, reason and any other applicable information:

Renewal license information should be sent to the following address:

Applicant address Business address
 Other (Indicate name, title, address below)

Check License Type Applying For

<input type="checkbox"/>	Consumer Fireworks
<input type="checkbox"/>	Tobacco
<input type="checkbox"/>	Peddler/Solicitor/Transient Merchant
<input type="checkbox"/>	Tree Trimming
<input type="checkbox"/>	Secondhand Goods Dealer
<input type="checkbox"/>	Pawnbroker
<input type="checkbox"/>	Adult Establishments
<input type="checkbox"/>	Therapeutic Massage (Enterprise and/or Therapist)
<input type="checkbox"/>	Animal Kennel
<input type="checkbox"/>	Refuse Hauler

SECTION 3 – BUSINESS INFORMATION - PARTNERS OR CORPORATE OFFICERS**PARTNERSHIPS**

If the applicant is a partnership, please provide:

- a copy of the partnership agreement.
- names and addresses of all general and limited partners and each partner is required to submit a Background Investigation Consent Release Form.
- names of the managing partners and the percent of interest of each partner in the licensed business.
- a copy of federal and state tax returns for the partnership for the two years prior to this application.

CORPORATIONS

If the applicant is a corporation, please provide:

- a copy of the Certificate of Incorporation, Articles of Incorporation or Association Agreement, and By-laws.
- Name of the managers or other persons in charge of the business (in Section 4) and each manager, proprietor, or agent is required to submit a Background Investigation Consent Release Form.

If the applicant is a corporation, and applying for a license to be owned and operated by it:

Is the corporation's stock publicly traded on a stock exchange? Yes or No

- Complete the below ownership information for all persons who control or own an interest in the corporation in excess of 5%. Additionally, attach a list of owners, officers and/or general and limited partners and their respective percentages totaling 100%.
- Corporations that are publicly traded on a stock exchange do not require owners or officers to submit a Background Investigation Consent Release Form.

OWNERSHIP

Name and Title:	Percent stock or partnership interest: _____ %
Residence Address (city, state and zip):	
Cell Phone:	Email Address:
Business Phone:	Business Email Address:

Name and Title:	Percent stock or partnership interest: _____ %
Residence Address (city, state and zip):	
Cell Phone:	Email Address:
Business Phone:	Business Email Address:

SECTION 4- PERSON(S) IN CHARGE OF THE LICENSED BUSINESS

Manager is defined as the person responsible for overseeing the daily operations of the business.

Are you the manager of this business? Yes or No

If no:

1. A Background Investigation Consent Release form is required from each person in charge of the business except in the case of a corporation whose stock is publicly traded on a stock exchange and is applying for a license to be owned and operated by it.
2. When a licensee places a manager in charge of a business, or if the named manager in charge of a business changes, the licensee must complete and submit the appropriate documentation required for managers within 14 days, and if a background investigation of the manager is required, the licensee must pay an amount equal to the cost to the investigation.

MANAGEMENT INFORMATION – REQUIRED

Full Name:

Title:

Residence Address (city, state and zip):

Cell Phone:

Email Address:

Business Phone:

Business Email Address:

Is the manager the emergency contact for the business? Yes or No If no, provide alternate contact information below.

Full Name:

Title:

Phone Number:

SECTION 5- WORKERS' COMPENSATION INSURANCE

A valid workers' compensation policy must be kept in effect at all times by employers as required by law. Any workers' compensation policy information changes must be submitted to the city.

1. Complete if insured by business.

I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent):

Policy Number:

Effective Date:

Expiration date:

2. Complete if self-insured.

I am self-insured for workers' compensation and have attached a copy of the authorization to self-insure from the Minnesota Department of Commerce.

3. Complete if exempt.

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

I have no employees.

I only have employees who are not required to be covered by the workers' compensation law. (See Minnesota Statutes § 176.041 for a list of excluded employees.)

Explain why your employees are not covered by the workers' compensation law: _____



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CITY of CRYSTAL

TREE TRIMMER SUPPLEMENTAL FORM

Applicant Name:

Registration with the Minnesota Department of Agriculture to perform tree care is required.
Provide License Number: _____

MOTOR VEHICLES TO BE OPERATED

State License Number	Serial Number	Make	Year	Name of Owner

EXPERIENCE

Summarize training, experience or special qualifications in tree trimming.

List all Minnesota counties in which the applicant works and the name of up to three other municipalities where the applicant has conducted similar business.

The applicant agrees and understands that the issuance and tags can be used only by the firm. Any violation, misrepresentation, or falsification on above application will result in forfeiture and loss of consideration for said license.

Applicant Signature _____ Date _____



APPLICATION FOR LICENSE

4141 Douglas Drive N, Crystal, MN 55422

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Deaf and hard of hearing callers may call Minnesota Relay at 711.

MEMORANDUM

TO: Tree Removal and Trimming Contractors

FROM: Engineering Project Manager, Ben Perkey

RE: Obstruction of Right-of-Way/Permit for Road Closure

Dear Licensee:

The Licensee shall use due diligence in the execution of the work authorized under this license in order not to endanger or unnecessarily inconvenience or obstruct pedestrian and vehicular travel along the roadway.

The Licensee must provide and maintain all traffic control devices and barricades in compliance with the Minnesota Manual on Uniform Traffic Control Devices (MMUTCD), and the MnDOT Temporary Traffic Control Zone Layouts Field Manual, current editions. Appropriate safety vests shall be worn by *ANYONE* occupying City right-of-way.

In the event the Licensee deems it necessary to close the roadway to public travel and in accordance with Crystal City Code, the Licensee must first obtain a permit. To request approval and obtain a permit to close the roadway, submit a Public Works Right-of-Way permit application form to the Crystal Director of Public Works. This must be done a minimum of **48 hours** prior to the requested date of the closure. City staff will contact the applicant with the Director's decision to deny or approve the road closure. Current permit fees will apply.

If you have any questions, please contact me at (763) 531-1161 or ben.perkey@crystalmn.gov

Thank you.



4141 Douglas Dr. N. Crystal, MN 55422
 Phone: 763- 531-1000 Fax: 763- 531-1188
 Email: public.works@crystalmn.gov
 Website: www.crystalmn.gov

Application for Public Works Right-of-Way Permit

Date _____ Permit No. _____

Site Address			
Property Owner	Name	_____	
	Phone No.	_____	Email _____

Applicant is: (check one) Property Owner Utility / Facilities Owner Contractor

Utility/Facilities Owner	Name/Company	_____	Phone No.	_____
	Local Representative	_____	Email	_____
	Address	_____		
	City	_____	State	_____ Zip _____
Contractor	Company	_____	Phone No.	_____
	Contact Person	_____	Phone No.	_____ Email _____
	Address	_____		
	City	_____	State	_____ Zip _____

Note: Description of work, detailed drawing and site plan with dimensions must accompany this application.

Right of Way Work-Type:	<input type="checkbox"/> - New	<input type="checkbox"/> - Remove/Install	<input type="checkbox"/> - Repair
Right of Way Sub Type:	<input type="checkbox"/> - Street Excavation	<input type="checkbox"/> - Curb Cut	<input type="checkbox"/> - Blvd Excavation
	<input type="checkbox"/> - Overhead	<input type="checkbox"/> - Underground	<input type="checkbox"/> - Road Closure
	<input type="checkbox"/> - Small Wireless Facility	<input type="checkbox"/> - Obstruction	<input type="checkbox"/> - Planting

Brief description of work: _____

Project Start Date: _____ Estimated Completion Date: _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Crystal and the State of Minnesota.

Applicant's Signature/Date

<u>Office Use Only:</u>	<u>Office Use Only:</u>
Additional Requirements: <input type="checkbox"/> - Performance Bond \$ _____	Permit Fee \$ _____
<input type="checkbox"/> - Certificate of Insurance	First 500 Linear Feet \$ _____
Required Inspections: <input type="checkbox"/> - Final <input type="checkbox"/> - Completion Certificate	Over 500 Linear Feet \$ _____
Permit Expiration Date: _____	Other Fees \$ _____
	Total Fees \$ _____

Permit Approved By: _____

Date Approved: _____

Section 1115 - Tree trimming

1115.01. Definition. For the purposes of this section, “tree trimming” means and includes the trimming of trees and the removal of trees and tree stumps on the property of another for hire.

1115.03. Licensing required. It is unlawful to engage in the business of tree trimming in the city without first being licensed to do so pursuant to this section.

1115.05. Licensing process.

Subd. 1. Application. An application for a tree trimming license must be presented to the city clerk and, in addition to the information required in Crystal city code, subsection 1000.11, must contain the following information:

- (a) List all Minnesota counties in which the applicant works and the names of up to three other municipalities where the applicant has conducted similar business, if any exist;
- (b) A summary statement of applicant’s training, experience or special qualifications in the field of tree trimming, including proof of registration with the Minnesota Department of Agriculture’s tree care registry; and
- (c) The name of any city or other governmental licensing authority which has refused to issue a tree trimming license to the applicant or which has revoked or suspended such a license issued to the applicant, if any exist.

Subd. 2. Bond; insurance. An applicant for a license under this section must provide a surety bond in the amount provided in Crystal city code, appendix IV so that the licensed activity will be conducted in accordance with applicable state laws and city ordinances and that the licensee will save the city harmless from any liability, damage or expense which may be incurred by the city by reason of performance of such activity. An applicant must also file with the city clerk a certificate of insurance showing that the applicant has purchased commercial general liability and workers’ compensation insurance which will remain in effect for the term of the license, and that the insurance will not be cancelled without ten days’ notice to the city. The policy or policies must provide commercial general liability coverage to the applicant in the amount provided in Crystal city code, appendix IV and must name the city as an additional insured party.

Subd. 3. Issuance of license. Upon submission of a completed application and the required insurance, bond, and fees, the city manager may, if in the city manager’s judgment all conditions exist for the issuance of the license, issue a temporary license subject to final approval by the city council.

1115.07. Relation to other code provisions. Activities licensed by this section must be conducted in accordance with all applicable provisions of this Crystal city code including, but not specifically limited to, the following:

- (a) A license is not required for the removal of trees conducted solely pursuant to a grading permit issued under Crystal city code, section 415;
- (b) When conducting licensed activities in a public right-of-way the licensee must adhere to all applicable requirements contained in Crystal city code, chapter VIII; and
- (c) Persons licensed under this section must familiarize themselves with all aspects of the city's shade tree control program. Tree trimming or removal activities involving the treatment of diseased shade trees may not be conducted other than in conformance with Crystal city code, section 2020, including the requisite tree inspector certification.