

## **Application for Tree Contractor License**

City of Burnsville 13713 Frontier Court, Burnsville, MN 55337 (952) 895-4508

City Use Only:
Date:
Fee: \$40.00
License No.
Approved By:

I hereby make application for Tree Contractor License in the City of Burnsville.

All boulevard trees being chemically treated must be treated only by trunk injection.

Company Name:			
Business Address:			
Phone No		Fax No	
Owner's Name(s): _			
Email:			
Minnesota Tax Identifi	cation Number of Bus	iness:	
Number of Employees:		Number of Company Vehicles:	
Person to be Contacted in Emergency:			Phone No
Vehicles Used for Tree			
Make	Model	Year	License Number
		1	
Insurance Information		Do	ligy No.
	surance Company Name: Policy No		
Dates of Coverage:			
Copy of Certificate of Lia	oility and Workers Com	pensation Insurance <b>MUST</b> be a	attached.
Chemical Substance In	formation		
Will you be using chem Yes □ No □	ical substances in any	y activity related to treatmen	t or disease control?
Pesticide License Num	ber:		
If <b>YES</b> , Minnesota Departmo	ent of Agriculture Comme	rcial Pesticide Applicator's certifica	ation copy must be attached.
The city recommends all tre	es being chemically treat	ed be treated by trunk injection.	

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## **ISA Certified Arborist**

One of your staff members must be a International Society of Arboriculture Certified Arborist (ISA Certified Arborist) to be licensed beginning January  $1^{\rm st}$  2015. You will also will need to include a copy of your Certificate.

Name	<del></del>
Certification No.	Expiration Date:
The City will indicate this information on the Licensed	Tree Contractors list to residents.
This registration is not transferable, and is issued subj regulations, and provisions of law enacted by Municip upon violation of any of the above stipulations.	
Applicant Signature:	Date:
Applicant Title:	

**ANNUAL FEE: \$40.00** 

**All Licenses Expire December 31st**