CITY OF
NorthOaks
Building on a tradition of innovation

# 2020 ARBORIST LICENSE APPLICATION Fee: $100.00

_____ MN Bus Tax ID #_____
Last Name First Name **REQUIRED**

_____
Company Name

_____
Company Address City State Zip

_____ _____ _____
Phone Number Fax Number **Email Address (for renewal information)**

**Please indicate services you provide:**

_____Removals/Pruning
_____Root Cutting/Disease Control
_____Tree/Shrub Plantings
_____Certified Chemical Treatments *(i.e., fertilization, root flare injections, disease control, etc.)*

Ordinance Chapter 112.06 requires ISA Certification **OR** attendance at an annual workshop hosted by the City Forester. Please check the appropriate areas:

☐ **MN Tree Care Registry** No. _____ (Verified _____)

☐ **ISA Certified Arborist** License No. _____ (Verified _____)

☐ **Completed City Forester Workshop** Date Attended:_____ (Verified _____)

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the Council of North Oaks may from time to time prescribe and understands that this license **will expire on December 31, 2020.**

_____ _____
Signature Date

**Applicant is required to provide a "CERTIFICATE OF INSURANCE" listing the City of North Oaks as the Certificate Holder, showing a policy of Public Liability Insurance & proof of Worker's Compensation Insurance.**

**For City Use Only**

**This application must be completed <u>in full</u>, returned with fee and an insurance certificate showing general and automobile liability and Workmen's Compensation coverage**.

Certificate of Insurance on file at City Office
Valid through _____

Date Paid:_____ CK#_____

Approved by:
Inspector/City _____

Date_____

Council Action _____

Date_____

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