



If applicant is an individual, this application shall 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.

### Applicant Information

Type of Applicant     Individual     Partnership     Corporation     Other Organization

Legal Business Name (name of individual, partnership, corporation, or other organization)

**ATTACH** - Proof of filing legal business name with the State of Minnesota (<https://mbisportal.sos.state.mn.us/>)

Assumed Name (d/b/a name)

**ATTACH** - Proof of filing assumed name with the State of Minnesota (<https://mbisportal.sos.state.mn.us/>)

Local Business Address	City	State	Zip
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Local Phone	MN Business Tax ID Number (7-digits)	Social Security Number
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Licensing Contact Name	Licensing Contact Phone	Licensing Contact Email
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Mailing Address (if different)	City	State	Zip
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List the name(s) of each employee, partner, or officer

Description of vehicle used when in conjunction with the business

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>License Plate Number</u>

Type of equipment to be used

Do you provide root graft barrier installation?  Yes    No

Do you use chemical substances in any activity related to treatment or disease control?  Yes    No  
 If yes, attach a copy of "Commercial Pesticide Applicator" license issued by the MN Department of Agriculture.

Which of the following preventative treatments do you provide?

Fungicide injections for oak wilt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fungicide injections for Dutch elm disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insecticide injections for emerald ash borer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Insurance

Provide workers' compensation insurance coverage as required by Minnesota law (MN Stat. § 176.181)

<u>Insurance Company Name (not agent)</u>	<u>Policy Number</u>	<u>Dates of Coverage</u>

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

I have no employees covered by the law     Other:

**ATTACH** - Certificate of Liability Insurance

- Must show general liability insurance coverage with a minimum of \$300,000 combined single limit per occurrence.
- The City of Apple Valley must be listed as the certificate holder.
- The name listed in "insured" section must match legal name filed with the State or individual's name if not filed with the State.

## Verification

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at [www.cityofapplevalley.org](http://www.cityofapplevalley.org).

The data you furnish on this application will be used by the City of Apple Valley in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Apple Valley may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

**Your signature is required in order to process this application.**

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. I understand that false information may result in the denial, suspension, or revocation of this license.

Signature of Applicant \_\_\_\_\_

Business Title \_\_\_\_\_

Date \_\_\_\_\_

Annual fee: \$50.00

All licenses expire December 31<sup>st</sup>.

06/20	Office use only	Code 1001.4049
Date rec'd/paid	Amount \$	Receipt #
Approve/Deny	License #	Temporary dates