
Have you submitted . . .

- Completed Christmas Tree Sales License Application
- License Fee
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form

Questions . . .

To obtain a Christmas tree sales lot license application or for more information, please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
Telephone (763) 569-3300
TTY/Voice 711
Fax (763) 569-3494
www.cityofbrooklyncenter.org

Christmas Tree Sales License Procedures

Revised 10/17

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of Christmas tree sales as defined in Section 23-1301 of its Ordinance. The license will expire on January 5 of the year following its issuance. The seasonal license fee for Christmas tree sales is \$60 per site, plus a site deposit of \$100. Please complete or provide the following:

- **License Application** – completed application for each site
- **License Fee** - \$60 per site, plus \$100 deposit per site (checks made payable to the City of Brooklyn Center)
- **Proof of Workers' Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72

Deposit and Zoning Requirements

Section 23-1303. **DEPOSIT.** A sum of \$100 in cash or cashier's check shall be deposited with the City Clerk at the time of the application to insure that the site of the sale shall be cleaned and cleared of Christmas trees and all other debris and materials relating to the business. It shall be the duty of the City Manager to determine whether the site of sale is properly cleaned and cleared. If the site of sale is not cleaned and cleared by January 5 of the year following the issuance of the license, the deposit shall be forfeited to the City to defray the expenses of the City in cleaning and clearing the said site of sale.

Section 23-1304. **ZONING RESTRICTION.** No license will be granted for Christmas tree sales in zoning districts other than the C2, I-1, and I-2 districts.

License Approval

Upon the City Clerk's receipt of a completed Christmas tree sales lot license application, appropriate license fee and deposit, Proof of Workers' Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the license application shall be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2nd and 4th Monday of the month. License materials must be submitted at least seven (7) days prior to a City Council meeting.

After January 5 of the year following the issuance of the license, the site will be inspected to determine whether or not the site has been cleaned and cleared. Once the site is cleaned and cleared and the City Manager has received notice, the site deposit will be mailed.

Acct No. 10100-4213

License Application Christmas Tree Sales

Fee: \$60/lot
Refundable Deposit: \$100/lot

TO THE HONORABLE CITY COUNCIL:

Date: _____

OWNER (APPLICANT)

Company Name: _____

Address: _____
(Street Address, City, State, and Zip)

Telephone Number: _____

LOCATION

The undersigned hereby applies for a Christmas tree sales license and acknowledges receipt of a copy of City Ordinance Sections 23-1301 through 23-1305 and attests the subject premises will be operated and maintained according to the requirements contained therein, subject to applicable sanctions and penalties. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____
County _____

My Commission expires _____

City of Brooklyn Center
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. 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, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

X License being applied for or renewed: _____

X License renewal date: _____

X **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: _____

Applicant's Address: _____

(Address, City, State, and Zip)

Social Security Number: _____

X **BUSINESS INFORMATION Please Print:**

Business Name: _____

Contact Person: _____

Business Address: _____

(Address, City, State, and Zip)

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

X Federal Tax Identification Number: _____

X Minnesota Tax Identification Number: _____

X _____
Signature Position (Officer, Partner, etc.) Date

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable) _____

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent) _____

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure. _____

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.