



City of Brooklyn Center
6844 Shingle Creek Parkway
Brooklyn Center, MN 55430
Phone: 763-585-7100
FAX: 763-585-7159

Fee: \$35.00

Registration Year: _____
Registration Number: _____

APPLICATION FOR REGISTRATION TREE MAINTENANCE CONTRACTOR

For individual, partnership or corporation who cut, trim, prune, remove, spray or treat trees.

1. I, _____ hereby make application for a **TREE MAINTENANCE CONTRACTOR REGISTRATION** for the year _____ from the City of Brooklyn Center.

OWNER _____

ADDRESS: _____ PHONE # _____
(street)

(city) (state) (zip)

BUSINESS NAME: _____

ADDRESS: _____ PHONE # _____
(street)

(city) (state) (zip)

EMAIL ADDRESS: _____

2. **VEHICLES USED FOR TREE MAINTENANCE:**

(year) (make) (model) (license number)

(year) (make) (model) (license number)

(year) (make) (model) (license number)

(ATTACH ADDITIONAL VEHICLE INFORMATION IF NECESSARY)

3. **EQUIPMENT USED FOR TREE MAINTENANCE:**

(e.g., stump grinder, brush clipper, chainsaws, sprayer, etc.)

(name) (function)

(name) (function)

(ATTACH ADDITIONAL EQUIPMENT INFORMATION)

4. **REQUIRED DOCUMENTATION:**

1. ___ **Certificate of Liability Insurance**

Liability insurance in the following amounts:

- \$100,000 for bodily injuries to one person from one accident.
- \$300,000 for injury of two or more persons
- \$100,000 for damage or destruction of property

Insurance may not be canceled by insurer unless there is 10 days written notice to the city.

If insurance is canceled, registered party must replace with another policy which conforms to ordinance requirements. The registration is suspended until insurance is replaced.

2. ___ **Worker's Compensation Certificate of Compliance**

3. ___ **Business Tax Identification form**

5. **SIGNATURE OF APPLICANT:**

(signature)

(title)

(date)

OFFICE USE:

Date Paid: _____

Approved: _____

Receipt: _____

Date: _____

Amount Received: _____