



CITY OF MAPLEWOOD
CONTRACTOR LICENSE APPLICATION
1902 CO RD B EAST MAPLEWOOD MN 55109
(651) 249-2300 / FAX (651) 249-2409
www.MaplewoodMN.gov

2025

License Fee: \$130

Tree Trimming License

Contractor Name: _____

Contractor Address: _____
Street City State Zip

Phone: _____ Email: _____

 Officer of the Company (Name) Home Address

 Minnesota or Federal Tax ID No. (or Social Security No.)

 Name of certified arborist on staff ISA Number

A certificate of insurance is required naming the City of Maplewood as the Certificate holder with a ten-day cancellation clause.

Amounts of coverage are as follows:

\$100,000	Property Damage
\$300,000	General Liability
\$ 50,000	Workers' Compensation

Workers Compensation Waiver

If you are a sole proprietor and have chosen not to carry workers comp, the following waiver must be signed. As a sole proprietor or partnership, I/we have chosen not to carry Workers Compensation insurance on myself/ourselves.

 Authorized Signature Date

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
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 LICENSE ISSUANCE OR RENEWAL APPLICATION.**

 I have read and understand my rights and obligations with regard to contractor licenses, permits, and workers compensation coverage (see back) , and I certify that the information provided is true and correct. The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the City Council of the City of Maplewood may from time to time prescribe.

X Applicant Signature (Officer of Company) **Date**

Office Use Only

License No. Receipt No. Date Accepted by

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or is falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.