



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
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Tree Care Company License Application

City Code Title 4, Chapter 3 requires that any individual, partnership or corporation conducting as a business for profit the cutting, trimming, pruning, removing, spraying, or other treating of trees, shrubs or vines in the City of Andover shall have a license from the city to conduct such business. Provide proof of general liability insurance with a minimum of \$1,000,000.

1. Applicant's Name _____

2. Applicant's Address _____

3. Company's Name _____

4. Company's Address _____

5. Applicant's Phone Number _____ Company's Phone Number _____

6. Company's Email Address _____

7. Employees' Names:

8. Description and license number of each vehicle used in operation:

9. Type of other equipment used:

10. What services does your company provide?

___ tree removal/pruning ___ vibratory plowing/trenching ___ chemical applications

___ stump grinding ___ cabling/bracing

Applicant's Signature

Date

License Fee \$50.00

Receipt # _____

Insurance Expiration Date: _____

License Number _____

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners 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, 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 the information 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 application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License Being Applied for or Renewed: _____

Licensing Authority: _____ CITY OF ANDOVER _____

License Renewal Date: _____

Personal Information:

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

(only required if no TAX ID number)

Business Information:

Business Name: _____

Business Address: _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

If Minnesota Tax Identification number is not required, please explain. _____

Signature: _____ Company: _____



TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name