



## COMMERCIAL TREE WORK LICENSE NEW & RENEWAL APPLICATION

Rochester Code of Ordinances [Chapter 12-2](#) applies to Tree Maintenance and Commercial Tree Work licenses, and requires any person engaged in the business for hire of trimming, pruning, removing, falling, bracing, fertilizing, spraying or otherwise treating any tree on public or private property to be licensed to do so by the City.

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$80, and is not prorated. If you are renewing a license and submit your application for the next year after Dec. 31, the fee rises to \$120. Required fees must be paid at the time an application is submitted.

**Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:**

**Register Public User Account (video):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

**Applying for a New License (PDF):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

**Submitting a License Renewal (PDF):** <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

### CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED:

- 1.** Fully complete all parts of the application and submit **ALL** pages including this checklist (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
  - License Application must be signed by the applicant or an owner/applicant/officer in BOTH sections E and F, to acknowledge agreement not to engage in topping and to verify the full application and acknowledge all terms and disclosures relating to business licensing in the City of Rochester
  - For a business, federal and state tax ID numbers are required. If there is no state tax ID number, a social security numbers must be provided for an owner pursuant to the requirements of [Minn. Stat. §270C.72](#)
- 2.** Certificate of commercial liability insurance on an occurrence basis covering bodily injury and property damage with limits of \$1,000,000 for general liability.
- 3.** Proof of worker's compensation insurance and employer's liability insurance with statutory limits on worker's compensation and employer's liability with limits of \$100,000 per accident and \$500,000 disease (each employee and policy limit)
- 4.** License fee of \$80 submitted with the application
  - License fees are not prorated regardless of when issued during the course of the calendar year.
  - Renewal applications not submitted by Nov. 30 of the license year incur a 20% late fee
  - Renewal applications not submitted by Dec. 31 will incur a 50% late fee
- 5.** If this is not a sole-proprietorship, ensure that your business is [active and registered with the Minnesota Secretary of State](#).

**ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:**

- 6.** Review of the application by the City Clerk’s Office to ensure completeness
- 7.** Confirmation that all requirements of [RCO 8-7-13](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 8.** Approval of the license application and materials by the Director of the Parks & Recreation Department or designee

*Questions about commercial tree work and the general requirements for a yearly license can be directed to City Forester Jeff Haberman at [jhaberman@rochestermn.gov](mailto:jhaberman@rochestermn.gov). License applications and all required documents should be submitted to the City Clerk’s Office for processing and issuance.*

**Fill in all blanks.** Write N/A if a question is not applicable.

<b>Fill in all blanks. Write N/A if a question is not applicable.</b>			
<b>Licenses run on the calendar year, expiring on Dec. 31, and are not prorated.</b>			
<b>Calendar Year Applying for:</b>			
<b><i>If you are applying after Oct. 1 for the current year, would you also like to apply to renew this license for the following year at the same time?</i></b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   if yes, one application can be submitted, but you will need to pay the license fee for each year			
<b>Is this a renewal of an existing or previous license with the City of Rochester?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>STEP 1. APPLICANT INFORMATION</b>			
<b>Information about who is completing this application for the business</b>			
1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Mailing Address		9. City	10. State   11. Zip Code
12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address		13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	
<b>Information about primary point of contact for this license</b>			
14. First Name		15. Last Name	
16. Primary Telephone Number	17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	18. Alternate Phone Number	19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
20. What Is Your Preferred Spoken Language?		21. What Is Your Preferred Written Language?	
22. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			

23. Email Address		24. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____		
<b>License Holder Information</b>				
<b>Provide information about who this license will be issued to</b>				
25. Business Federal Tax ID Number		26. Business State Tax ID Number		
27. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual)		28. Business Trade Name (DBA) if different than legal name		
29. Business Address		30. City	31. State	32. Zip Code
<b>STEP 2. BUSINESS INFORMATION</b>				
<b>Additional Business Applicant Information - attach additional sheets if necessary</b>				
33. Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation  <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other _____		34. Date of Incorporation/ Organization		35. State of Inc./Org
<b>Tree Info</b>				
36. ISA Certified Arborist Name/Number (if applicable)		37. TCIA Accreditation (if applicable)		
<b>STEP 3. BUSINESS DATA</b>				
<b>WORKER'S COMPENSATION INSURANCE</b>				
Workers' Compensation Company		Policy Number		Dates of Coverage
OR:				
I certify that I am not required to carry workers' compensation insurance because: <input type="checkbox"/> I am self-insured. <input type="checkbox"/> I am a sole proprietor and I have no employees. <input type="checkbox"/> I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.				
<b>YEARLY TREE WORK LICENSE AGREEMENT</b>				
<i><b>In accordance with the International Society of Arboriculture</b></i>				
I, _____, owner of _____ tree service, choose to voluntarily pledge that myself and others working for my company will not <b>top*</b> any trees within the City of Rochester.				
Signature: _____ Date: _____				
* <i>Topping is defined as indiscriminate cutting back of tree branches to stubs or lateral branches that are not large enough to assume the terminal role. Topping is also known as making inter-nodal cuts.</i>				
* <i>This is being done in order to help increase the quality of tree care within the City of Rochester, please sign and return with your license renewal. If you have any questions please contact the City Forester at (507) 328-2525.</i>				
<b>STEP 4. DOCUMENTS TO ATTACH</b>				
<ul style="list-style-type: none"> <li>Certificate of commercial liability insurance on an occurrence basis covering bodily injury and property damage with limits of at least \$1,000,000 for general liability and \$5,000 for medical</li> <li>Proof of Workers Comp insurance, if required</li> </ul>				

**STEP 5. PAYMENT**

**SUBMIT THE REQUIRED LICENSE FEE WITH THIS APPLICATION**

License fees are not prorated, and cover the license year being applied for, expiring on Dec. 31.

**ANNUAL LICENSE FEE FOR THE PERIOD OF JAN. 1- DEC. 31:**

**\$80**

**ADD: \$16 Late Fee** for *renewals* submitted between Dec. 1 and Dec. 31 of the license year

**ADD: \$ 40 Late Fee** for *renewals* submitted after Dec. 31 of the license year.

Total paid: \_\_\_\_\_

**STEP 6. NOTIFICATION AND VERIFICATION**

**Notice of Collection of Private Data**

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number), and a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

**Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances**

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office. I certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief, and further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_