



Office Use Only	
Date Received:	_____
Staff Receiving:	_____
Application Number:	_____

COMMERCIAL TREE WORK LICENSE NEW & RENEWAL APPLICATION

Rochester Code of Ordinances [Chapter 5-17](#) pertains 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 by the City to perform such work.

Licenses must be renewed every year, with the license period running from January 1 through December 31. 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

REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 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 step 3 and 4, 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](#)
- 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 Dec. 31 will incur a 50% expired license fee.
 - All fees are non-refundable, except in the case where the applicant chooses to withdraw their application within 14 days of submission.
- Certificate of commercial liability insurance on an occurrence basis covering bodily injury and property damage with limits of \$1,000,000 for general liability. Please make sure the certificate includes the following information.
 - Certificate holder: City of Rochester, 201 4th St SE, Rochester, MN 55904**
 - Correct business name, business structure, and business address**
- 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). Please make sure the certificate lists the **City of Rochester as the certificate holder. (City of Rochester, 201 4th St SE, Rochester, MN 55904)**
- If this is not a sole proprietorship, ensure that the business is [registered with the Minnesota Secretary of State](#)

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

If you are applying after October 1 for the current year, would you also like to apply to renew this license for the following year at the same time?

YES (if yes, one application can be submitted, but you will need to pay the license fee for each year)

NO

Is this a renewal of an existing or previous license with the City of Rochester?

YES

NO

STEP 1. APPLICANT INFORMATION

Information about who is completing this application for the business

1. First Name		2. Last Name		
3. Primary Phone 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 _____		

Information about primary point of contact for this license

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? Yes 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 _____	

License Holder Information

Provide information about who this license will be issued to

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

STEP 2. BUSINESS INFORMATION		
Additional Business Applicant Information - attach additional sheets if necessary		
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
Tree Info		
36. ISA Certified Arborist Name/Number (if applicable)	37. TCIA Accreditation (if applicable)	
STEP 3. BUSINESS DATA		
WORKER'S COMPENSATION INSURANCE		
Workers' Compensation Company	Policy Number	Dates of Coverage
OR:		
I certify that I am not required to carry workers' compensation insurance because: I am self-insured. I am the sole proprietor and I have no employees. 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.		
YEARLY TREE WORK LICENSE AGREEMENT		
<i>In accordance with the International Society of Arboriculture</i>		
I, _____, owner of _____ tree service, choose to voluntarily pledge that myself and others working for my company will not top* 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. 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>		

STEP 4. 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 <https://service.govdelivery.com/accounts/MNROCH/subscriber/new> 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 _____