



City Clerk's Office
221 East Clark Street
Albert Lea, MN 56007-2496
507-377-4335
dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
Tree Trimmer License
FEE: \$100.00

Please Type or Print Legibly

Applicant:

Full Name: _____

Email Address: _____

Home Address: _____ City, State, Zip Code: _____

Home Telephone Number (Daytime): _____

Business:

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

Business Telephone Number (Daytime): _____

Corporation (if applicable):

Corporation Name: _____

List the Officers and their Titles: _____

Please indicate if either apply.

ISA Certified Arborist Name/Number (if applicable) _____

TCIA Accreditation (if applicable) _____

* * * * *

Tree Trimmer
Insurance Requirements

Applications for a tree trimmer license will not be considered complete until the following information is submitted:

- A certificate of insurance for public liability insurance for coverage with limits of at least:
 - \$100,000.00 for property damage;
 - \$100,000.00 for injury to one person; and
 - \$500,000.00 for each occurrence

- Proof of Registration with the Minnesota Department of Agriculture

The undersigned hereby agrees to comply with the Laws of the State Of Minnesota and the Albert Lea City Code as they relate to the Licensing and Operation of licenses being applied for. I understand that falsification of any part of this application is cause for denial or revocation.

Signature

Date

Office Use

Date Application Received: _____

Insurance Certificate Attached: _____

Copy of MN Dept. Ag Registration: _____

Check #/Cash/CC: _____

Council Approval Date: _____