



**2024 ARBORIST LICENSE APPLICATION**

**Fee: \$100.00**

\_\_\_\_\_ MN Bus Tax ID # \_\_\_\_\_  
Last Name First Name **REQUIRED**

\_\_\_\_\_ Company Name

\_\_\_\_\_ City State Zip  
Company Address

\_\_\_\_\_ Phone Number Fax Number **Email Address (for renewal information)**

**Please indicate services you provide:**

- \_\_\_\_ Removals/Pruning
- \_\_\_\_ Root Cutting/Disease Control
- \_\_\_\_ Tree/Shrub Plantings
- \_\_\_\_ Certified Chemical Treatments (*i.e., fertilization, root flare injections, disease control, etc.*)

Ordinance Chapter 112.06 requires ISA Certification **OR** attendance at an annual workshop hosted by the City Forester. Please check the appropriate areas:

- MN Tree Care Registry** No. \_\_\_\_\_ (Verified \_\_\_\_\_)
- ISA Certified Arborist** License No. \_\_\_\_\_ (Verified \_\_\_\_\_)
- Completed City Forester Workshop** Date Attended: \_\_\_\_\_ (Verified \_\_\_\_\_)

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the Council of North Oaks may from time to time prescribe and understands that this license **will expire on December 31, 2024.**

\_\_\_\_\_  
Signature Date  
**Applicant is required to provide a "CERTIFICATE OF INSURANCE" listing the City of North Oaks as the Certificate Holder, showing a policy of Public Liability Insurance & proof of Worker's Compensation Insurance.**

**For City Use Only**

**This application must be completed in full, returned with fee and an insurance certificate showing general and automobile liability and Workmen's Compensation coverage.**

Certificate of Insurance on file at City Office  
Valid through \_\_\_\_\_

Date Paid: \_\_\_\_\_ CK# \_\_\_\_\_

Approved by: Inspector/City _____ Date _____ Council Action _____ Date _____
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